Meeting Expectations: First session experiences of adolescents in a secondary school counselling setting

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Professional Counselling Research Portfolio submitted in partial fulfilment of the requirements for the Degree of Master of Counselling at the University of Canterbury

March 2020

Abstract

Currently more adolescents in New Zealand are experiencing mental health issues than ever before and often their first opportunity to access help is with a school counsellor. Solution-focused brief therapy (SFBT) has been shown to produce successful outcomes with young people (Gingerich & Peterson, 2013; Kelly, Kim, & Franklin, 2008; Newsome, 2005; Schmit, Schmit, & Lenz, 2016) and is a good fit for use within secondary schools. One aspect that counsellors find helpful is the possibility of altering problems in a short time period (Murphy, 1996) and the focus on strengths and the future rather than problems and unwanted behaviours (Franklin, 2012). While developing my personal practice I encountered young people who were disillusioned with the counselling they had experienced and as a result had terminated all sessions and were reluctant to access counselling in the future. Much of the feedback from inquiry about their dissatisfaction was about the lack of relationship building and the rush by the counsellors to move onto finding solutions. There is no literature that looks at adolescent expectations and experiences of school based SFBT counselling. This led me to consider my own SFBT practice and whether I am best meeting my clients' needs or my own.

This current qualitative, practice-based research study aimed to contribute to this gap in the literature and explore the expectations that adolescents bring to their first counselling session. How those expectations are met and how the session is experienced was important as a less than satisfactory experience could result in abandonment of access to these services and a decline in mental wellbeing. The interpretive case study examines adolescent experiences and is focused on the participants' interpretations. Conducted in a New Zealand co-educational secondary school, the participants had never accessed counselling prior to their involvement in this research. My research question was: How do adolescents experience their first-time solution focused counselling session in

a high school setting? I aimed to explore what adolescent expectations in a first-time counselling session are, what do adolescents see as important in first counselling sessions, and how does my SFBT practice meet adolescent expectations of a first counselling session?

Seven adolescents attending their first SFBT counselling session participated in this qualitative research. Brief interviews at the beginning and end of the counselling sessions were conducted and transcribed. The data, including these interviews and the counselling session, was analysed using interpretive thematic analysis. Six themes emerged that indicate that adolescent clients bring different expectations to counselling, however, meeting those expectations is not always important if the experience is agreeable to clients. What each adolescent prefers within a session is unique and the importance of the relationship between the counsellor and client depends on the issues the adolescent client has. An unanticipated finding was the impact of perceived barriers for adolescents to access school counselling.

The implications of the findings are considered in relation to current literature in this area, as well as my own counselling practice and that of other school counsellors. They make a valuable contribution to current literature and are helpful in considering changes in the promotion of counselling and access to mental health services. Acknowledging how the personal approach of the counsellor is impactful on the client experience may be useful for other counsellors working with adolescents in a school counselling setting. Strengths and limitations of this practice-based research are also discussed.

Acknowledgements

Completing this research has been challenging and also more rewarding than I initially anticipated. Throughout this venture there have been many obstacles that have added additional anguish into the process. The most significant for readers will be the horrific events of March 15, 2019. The ongoing encouragement and assistance of others has made a difference in this journey and I wish to acknowledge all of the support I received and make special note of some people below.

I must thank the participants who were willing to be honest and open and take a risk to partake in something that challenged the stigma that many of them felt about counselling. Without their voices I could not have completed this and my best hope is that some of the barriers to accessing counselling can be removed and all young people can have a positive experience of counselling in the future.

Thank you to Shanee Barraclough and Judi Miller who supported me to start on this journey. Kerry Vincent, who joined with Shanee Barraclough as my supervisors; this seemed an impossible task to ever complete and your wisdom, expertise and patience has been invaluable and made completion of this research achievable. I also want to thank my work colleagues who have kept an interest on my progress and to one in particular, who must remain confidential for the participants' privacy, for his discerning and valuable feedback.

To my parents, my children and my brother I want to thank those of you who during this process have endured significant challenges to your health and mental wellbeing and have fought your way through and shown me your strength and determination.

Brendon, my husband, I cannot thank you enough for constantly believing in me, listening to my rants and giving me all the weekends to myself. To both you and Margaret for your proof reading and kind words of encouragement.

Finally, I want to thank all my friends and family who have accepted my social exclusion and waited patiently for me to complete this research. There is some irony in the timing as New Zealand is currently moving to level 4 in the Covid-19 crisis and I am likely to go straight into isolation again.

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Chapter One: Introduction

This study looks at adolescent expectations and experiences of a solution-focused brief therapy (SFBT) first counselling session in a New Zealand secondary school. SFBT also called Solution-Focused Therapy, was conceptualised and developed by Steve de Shazer and Insoo Kim Berg in the early 1980's (Jones-Smith, 2016). My interest in this particular element of counselling was sparked by conversations with young people and my concern with the escalating mental health needs of our young population.

Over the last four years I have been introduced to SFBT and had the opportunity to counsel adolescents while working as an intern as part of the Master of Counselling course at the University of Canterbury. Initially I was suspicious about the successful use of SFBT with this age group and this was partly based on being a parent as well as my 16 years of experience as a secondary teacher. I did not trust that adolescents could come up with their own effective solutions to their problems and, most importantly, carry out changes co-constructed in counselling. A combination of study and practicing SFBT in a school setting has confirmed for me the effectiveness of this approach. A practitioner review by Bond, Woods, Humphrey, Symes, and Green (2013) of 38 studies completed between 1990 and 2010 provides support for the use of SFBT with young people and their families. They concluded that it was particularly effective when used as an early intervention with both internalised and externalised problems. These include anxiety, depression and low self-esteem as well as aggression and oppositional behaviour; all common issues in school counselling.

As a novice counsellor I have taken what I have learned about SFBT and applied it to my own practice. The result is that I have combined the model and the experiences so far into a work in progress. Throughout my first intern year, counselling sessions were as much about attempting best

practice as they were an opportunity to add to my skill base. During my second year of counselling there was greater scope to develop my individual practice and add to or adjust my more formal methods of SFBT. This has forced me to reflect upon how my clients experience their first sessions and whether, by applying my current SFBT practice, I am best meeting their needs or my own. From these reflections my research question has emerged.

When clients enter into counselling, whether it is voluntary or mandated, they come with expectations. Some of those expectations will be related to the counsellor and some will be about what is going to happen as well as whether the therapy is going to help. Goldstein (1962) differentiated between beliefs around the probability of success in counselling (prognostic expectations) and beliefs around what will take place between the client and the counsellor (participant role expectations). Initially I supposed that it was the expectation about my behaviour (participant role expectations) that this research would be focused on however to have assumed that this is the thinking of the client, would have potentially biased my interviewing and restricted the possible data that could be gained.

During the planning of this research I determined that it was important that use of the word **expectation** is separate from the use of the word **hope**. Tinsley (2008) explains expectations as "subjectively held probability statements that represent the person's estimate of the likelihood that an event will occur (e.g., the counsellor will understand my problem) or a condition will exist (e.g., the therapist will seem trustworthy). Expectations refer to the future, and they can exist in the absence of direct experience with the event or condition" (Tinsley, as cited in Leong, 2008). Expectations affect how we see a situation and then how we respond to it and tend to be more clearly defined and therefore less flexible than a hope. Hope is distinct to expectations and I have purposefully avoided using the term "hope" when obtaining data so as not to confuse the meanings and purpose of the words. Hope is more about a wish or a desire that something will happen, in

contrast to expectation that assumes or predicts that something will happen, and for this reason I have purposefully avoided using the term 'hope' when obtaining data so as not to confuse the meanings and purpose of the words.

A New Zealand study by Manthei (2007) found that adult client-counsellor agreement about what happens in counselling varied between low and moderately high. Additionally, when looking at perceptions of counselling and the relationship between counsellor and client there was a very low match in ratings between the pairs. When the confines of a match were widened there was about 60% agreement about their relationship. The remainder of the study looked at multiple aspects of the counselling experience and Manthei concluded that differences in client and counsellor perceptions were common throughout many areas of counselling. When comparing the group responses of clients to the group responses of counsellors there was much greater agreement. However, the data showed that at an individual level, counsellors lacked real strength in being able to accurately predict what their client's experience was. These findings, and a gap in available adolescent literature, reinforced the need for this research into what the expectations and actual experiences are for adolescents in a school counselling session.

Rationale

During my transition from teacher to counsellor I have had many opportunities to discuss my role change with students outside the schools I have interned at. When I have enquired about their previous school counselling experiences, many of these adolescents have said things like "the counsellors are useless", "it didn't really help me", "I don't like the counsellors". When I have queried how come they thought that way, a common theme emerged. They stated that the counsellors just seemed to want to work on problem solving and didn't give them the opportunity to talk about everything they wanted to say. Along the same lines were comments that they needed time to build trust with the counsellor before having to tell them something deeply personal or

sensitive. A colleague also told me that her daughter had finally seen her school counsellor and was upset afterwards. All the daughter wanted to do in that first instance was to 'offload' and just be heard and instead the counsellor went straight into solving the problem and getting solutions. As a result, both the mother and the daughter had a negative view of how effective the counselling was going to be. I don't believe the counsellors are useless, in fact most are highly regarded in their work. However, I was curious about my own first session structure and how it might be experienced by clients in light of the student responses.

When reflecting on the experiences of the students mentioned above it seemed that their discomfort with the counselling process came from unfulfilled expectations. These disgruntled clients appear to have experienced a mismatch between what they expected to happen and what actually happened in their counselling session. The result of this was a resistance towards counselling which potentially removed an opportunity for help now and in the future.

While in the process of refining the focus of this research, I talked with a counsellor, based in both a school and private practice, who revealed that he tends to use the whole first session to get to know each other and build a working alliance. I then had a conversation with a teenage university student, who said he thought he could do with some counselling. When I pressed for more information as to his needs he stated, "I think it would be great to have someone just listen to me and all my issues for an hour". The more I spoke with others, the more I was curious about the experience of adolescent clients new to counselling and SFBT. I was struck by the realisation that "in some cases parents may even be unaware that therapy is being sought (especially for those aged 16 and over, where parental consent for treatment may not be required), so directly exploring adolescents' attitudes and expectations about treatment becomes especially significant" (Midgley et al., 2016, p. 12). I may be the only person they have ever talked to about these issues, and unlike an adult, for whom engaging in counselling can involve considerable reflection, effort, and expense, a student may not have

thought deeply about coming to counselling before accessing the service that is freely available at school.

As part of my regular practice the client completes a client satisfaction Session Rating Scale (SRS) (Miller and Duncan, 2000). The SRS asks for feedback about whether the client felt listened to and if what we talked about was important to them. Clients also give an evaluation of how they feel the session was run and are invited to express their preference for how they wish future sessions to be conducted.

A client could give a rating of ten out of ten for being listened to and talking about what is important, however, that does not mean they talked about what was most important. Many colleagues feel that clients may give a high rating even if they are not pleased with the experience, given the power differential between student and adult in the school counselling session. One school leaver, who has been a school counselling client elsewhere, said that by the time they were asked if there was something else they wanted to discuss, considerable time in that session had passed and they did not feel there was enough time to change direction at that point. The result was that they never talked about it. If the experience is not what they expected the client may never return. Without some feedback it is difficult to know what our clients are experiencing and with the resources already used, such as SRS forms, the experience for the client is not sufficiently detailed.

As a novice counsellor I am constantly learning, and an integral component of learning is the drive to improve. Lomax (1995) refers to practice research, in its most basic sense, as an intervention to lead to improvement. I have always reflected on my own practice and adjusted it in response to the growing awareness this has given me of the impact of my words and actions on my clients. I am also aware of the need to have a solid theoretical foundation for changes in my practice. As Lomax states "it is not just what one does that is important, but why one does it" (p. 49). Undertaking this

practice-based research makes it possible to develop a deeper understanding of clients' perspectives with the potential to initiate change.

I was interested in knowing more about what adolescent clients expect from first sessions as well as what is important to them. Would they prefer more talk time or problem talk in that initial session and does this affect our working alliance? Are they expecting to know about me and who I am? What might the session look like if their expectations were met? Having some insight into the factors that contribute to adolescent client satisfaction and alliance has the potential to inform my own practice as well as that of others using SFBT (and potentially also other counselling modalities) in a school setting.

In proceeding with the research, I was prepared to examine my own values and effectiveness in order to improve my practice. I hoped to be able to narrow the gap between the ideal and what actually happens with the expectation that my counselling will provide a better experience for future clients.

Organisation

This research is presented in six chapters. The first, and current, chapter comprises the introduction to the topic and the rationale that explains what has brought me to wanting to explore this particular area of my practice. Chapter two is a critical review of relevant literature that presents current evidence and understanding as well as identifying gaps in relation to my research questions. The adolescent and SFBT, expectations and barriers are the central focus of the literature. Chapter two concludes with my research questions.

Chapter three describes the methodology I chose that underpins this practice-based research. As I was interested in exploring the experiences of adolescents, without a predetermined hypothesis, a qualitative framework was the most appropriate. I explain how a case study approach allowed me to

explore the expectations and experiences of adolescent participants and how interpretivist research enabled these participant experiences to shape the data.

The method section in chapter four provides a detailed account of how the research was conducted and addresses ethical concerns and the trustworthiness of the study. The participants in the study were recruited from a secondary school where I was a counsellor. Participants took part in a first SFBT counselling session and were interviewed prior to and following those sessions. The framework and outline for a SFBT first counselling session is explained in this chapter. The transcripts of the interviews with the participants form the main data for this research. Thematic analysis was used to complete the data analysis, and this was based on Braun and Clarke's (2006) six step framework.

Chapter five is a presentation of the findings which includes the six main themes that emerged from the data. The first three themes are heavily influenced by the core focus of this research*: Prior expectations, meeting expectations* and *positive experiences despite expectations*. The remaining themes emerged from the analysis of the data and shed light on what is important for the adolescent participants attending a school counselling session. These themes are *barriers, importance of relationship* with the counsellor and *client preferences are individual.*

The discussion in chapter six synthesises my findings with the key research findings discussed in chapter two. Discussion of key implications from this research follows this. My own practice will change now that I recognise that adolescent clients place most emphasis on how they feel during a session owing to the person in front of them, rather than what theoretical approach is used. Barriers are significant in adolescent access to counselling and discovering and implementing ways to reduce these may improve both access and outcomes for young people. Through obtaining adolescent voice about their expectations and experiences the unique qualities of each individual is reflected in their

preferences, expectations and needs. Effort should be made to explore these within a counselling session. Unique contributions and limitations of this research as well as other implications for future use are considered in chapter six and complete the thesis.

Chapter Two: Literature Review

This literature review leads with a discussion about adolescents and school counselling with a focus on New Zealand. Solution focused therapy and the suitability of its use for adolescents and in schools is considered followed by an outline of the contribution Therapeutic alliance has in therapy or counselling. Outcome rating scales and the session rating scale are tools utilised in this research and their develop and benefits are explained. A review of research into client expectations and the barriers to accessing counselling is presented before consideration about the specificity of the first session. The chapter concludes with the presentation of my research questions.

Adolescents and School Counselling

Adolescents are at a stage in their development that sits between childhood and adulthood. The World Health Organisation (who.int) defines the age range of adolescence to be between 10 years and 19 years, and in New Zealand most young people will spend the majority of this age range as students at a secondary school. During this period of considerable change adolescents are developing physically, emotionally, sexually and intellectually as they define their own personhood whilst learning to become increasingly independent from parents. They are impacted by changes in hormones, expectations from others and a need to find how they fit into society and the world (Lerner & Steinberg, 2004). Many adults would agree with Prout and Fedewa (2015) who say, "Probably no single developmental period provides more confusion and consternation for parents, teachers, and clinicians than adolescence" (p. 7). Many young people manage to negotiate this period well and despite some stress for their adult caregivers, they emerge relatively unscathed. For a number of others this is not an easy time in their lives, and they struggle to cope with these changes on top of exams, study, relationships, work and many other factors, including trauma, that

present themselves in their lives.

Students at secondary schools throughout New Zealand are able to access counselling at no cost during their time at school. Guidance counsellors have been a part of secondary education in New Zealand since the late 1960s and assist schools to meet Section 77 of the Education Act, which requires that "the principal of a State school shall take all reasonable steps to ensure that … students get good guidance and counselling" (PPTA, 2019). At the Canterbury School Counsellors' Forum[1] (April 2019), there was a consensus that counsellors were seeing greater numbers of students every year and were struggling to manage their caseloads. In addition, the presenting problems were moderate to serious in nature. Students coming to counselling present with a wide range of concerns, many similar to those of adults alongside unique issues specific to adolescents. Some of the issues with which young people present include panic attacks, poor self-esteem, problems with parents, school motivation, behavioural problems, pregnancy, sexual abuse, anxiety, depression, suicidal thoughts, self-harm, disordered eating and stress. In 2016, an article on the news site Stuff.co.nz reported an increase of between 30% and 50% in the number of adolescents seeking help for mental health issues (Macdonald, 2016). It follows that if our services are being put under pressure it would be helpful to know what strategies are going to be effective for this client group.

Adolescent Perspectives of School Counselling

A survey study by Crocket, Kotze and Peter (2015) looked at young people's perspectives on school counselling in New Zealand. Although the sample size, a limitation of this study, was well below what they had hoped for they did gather some useful data. Ninety-three percent of respondents were satisfied or very satisfied with the counselling they received, and all found that counselling was

[1] The Canterbury School Counsellor Forum is a regional collective that meets once every 10 weeks as well as sharing information between members online. It is open to all school based counsellors and within the forum concerns and issues are shared and addressed, often with the assistance of guest mental health professionals.

helpful with 80% finding it helped “quite a lot” or “a lot”. All responses lead the authors to the conclusion that counselling was valuable and that clients felt listened to, supported, and able to talk. Counselling was considered to be confidential, and the students had gained insight or solved problems through attending counselling. In addition to questions relating to their overall levels of satisfaction with counselling, participants were asked if they had enough information about the service. Most (93%) responded that they had enough information, however for those that did not, a shared response was that they would have liked to have known what would happen in counselling before they attended. My research is aiming to provide more about what adolescents expect and see as important when entering counselling and if my own practice meets those expectations.

Unfortunately, despite research material in the above study reaching over 200 school counsellors via the New Zealand Association of Counsellors (NZAC), only 41 young people responded to the online survey. The way the research had been set up meant only respondents currently in counselling were able to access and complete the online survey. This meant that all other students who had received counselling in each school, but were not currently attending counselling, did not have a voice in the survey. Capturing the opinions of students who had completed counselling could have brought a different perspective to this research. This would certainly be the case if they had been dissatisfied and ceased counselling because of that. Added to the restrictions of who could be involved, the research was unfortunately timed, coinciding with an Education Review Office (ERO) survey and another school counsellor survey conducted by NZAC. The authors acknowledge that there was some “survey saturation” at the time of this study that may have affected participation rates. Overall this was a study designed to replicate a strategy from a much larger study completed in Glasgow, Scotland. It was aimed at contributing to the discussion of evaluation practices in New Zealand and the participants did evaluate school counselling as helpful across various parts of their lives. It did

not consider the modality, type or style of counselling used with the participants. It is hoped that my research using SFBT counselling will help address some of these limitations.

Adolescent Experiences of Counselling in New Zealand

Many students entering Secondary School in New Zealand at Year 9 will likely never have been to a counsellor before. In Canterbury, where I work, there is an increased chance that young people may have received some mental health intervention at primary school following the increased assistance made available following the earthquakes. For some, they may have experienced counselling in a private setting or through the local District Health Board services. Their experiences, or lack of, will no doubt influence what they expect in a counselling session in a school-based counselling service. There is limited research available that specifically looks at the experiences and perspectives of adolescents in New Zealand school counselling situations, and even less research when looking at these experiences and the use of SFBT. (*SFBT, adolescents and school counselling are considered in the next section*). Much of the research into SFBT and adolescents looks at specific tools or skills used within the SFBT approach. Some of these include using compliments, asking "What's better?", the use of exception questions and the 'miracle question' (Vivian-Neal, 2018; Richter, 2015; Henson, 2014; Phipps, 2019). Other aspects studied include the use of certain strategies in the support of SFBT, homework tasks as well as empowerment and self-efficacy (Washington, 2016; Tanner, 2016; Duff, 2014). While these studies give valuable and useful insight and depth of understanding within SFBT and its use with adolescents, none of the focus is specifically on the first session or the building of alliance when working with adolescent clients.

Although not exclusively focused on school counselling, a relevant New Zealand based study looking at what young people prioritise when engaging in a variety psychological services was completed by Gibson, Cartwright, Kerrisk, Campbell, & Seymour (2016). The different services explored included a hospital-based psychological service, face to face school counselling, phone counselling and a new

phone text counselling service. The researchers interviewed 63 young people aged from 13 to 18 years of age who had all accessed at least one of these services. All but four of the participants had been to multiple sessions and the majority had accessed more than one type of service. Using a thematic analysis, they found that there were common factors of importance for young people engaging with these psychological providers. Having control over if, and when, they accessed counselling as well as what the focus would be during the sessions was important. Additionally, they did not want to be told what to do or think. This study does not specify the types of therapy used but suggests the importance of the need for autonomy for adolescents entering and engaged in the counselling process. This aligns with the aims of the SFBT approach, which the current study will explore.

Many young people in this same study placed importance on parents not knowing that they had accessed counselling, and most did not want parents to know what they had discussed within the sessions. In my own practice, prior to beginning this research, the majority of clients were accessing counselling without parental knowledge and few decided to tell their parents at all. Gibson et al. (2016) found that attached to this need for confidential access, was the fear that confidentiality would be broken which would remove all trust for the counsellor. Counselling in a school situation was seen to offer privacy but there was still the fear of potential parental involvement attached. My research explores what adolescents entering counselling in a school-based service see as important as well as discovering the fears and therefore the barriers that also exist for them.

Findings from the Gibson et al. (2016) study also suggest almost all students wanted a good relationship with their counsellor, particularly one that was more like a friendship than a professional one. Participants appreciated the counsellor revealing themselves as real and showing humour and less than perfect elements of themselves. Linked to the relationship were client fears of being judged for their thoughts or actions. Counselling that was not face to face helped reduce this fear. Within

the session itself the young participants appreciated being able talk and have somebody listen to them, finding this cathartic. This is something that was expressed as a hope to me in my conversations with young people prior to my research. I was interested in how adolescent clients experience this relationship within a SFBT first session. In my study I discover the importance of having a relationship between adolescent clients and the counsellor and what aspects of the relationship have significance.

Finally, participants in the Gibson et al. (2016) research liked being able to access counselling in the moment and when they felt it was relevant rather than having to book ahead, as experienced in the hospital-based services. School counselling services were reported as good for preferences for access. My recent experience has been that demand becomes overwhelming at times in school-based counselling services and all, but the most urgent cases must wait a number of days before an appointment is available. Wait times were not an element considered in my research and my participants were not requiring immediate access. They are, however, considered as a factor that contributes to the barriers in accessing counselling. In the course of learning how adolescent clients experience first sessions of SFBT counselling I explore barriers that adolescents perceive in accessing counselling within the school environment.

One of the reasons that I undertook this research was to discover if needs and expectations were being met in my own practice to avoid abandonment of counselling by young people. Interestingly, Gibson et al. (2016) found that the tendency for young people to suddenly stop counselling is not necessarily linked to dissatisfaction of the experience but regularly due to adolescents' fluctuations of need. Their study has provided a useful foundation for consideration in relation with my own research. However, the Gibson et al. study does not capture data from clients who attended a session of counselling and chose not to continue based on a negative experience. As it was not a research intention there is no baseline data for what expectations their participants held prior to

attending counselling and how those impacted on their experience. Without expectation information it is not clear if the experiences that lead to the development of their priorities contrasted with what they may have expected or wanted ahead of counselling. As my study looks at expectations and experience of a first SFBT session within school counselling, this provides a different perspective on student experiences of counselling.

Adolescent experiences of school counselling in New Zealand

Despite the limited research there is a recent New Zealand study that considers the adolescent participants' experiences and views of counselling. Knight, Gibson and Cartwright (2018) explored young people's understanding of the counselling relationship in two New Zealand schools. Of particular note are the findings in relation to student experiences of being listened to, having a genuine connection with the counsellor, feeling supported and the counsellor's belief in the young person. These were some of the themes that related to the participants' positive experience of counselling and better outcomes. Favourable outcomes, in this case, were determined from client description of positive change or benefit in attending counselling. Negative experiences included client reports of feeling the counsellor did not listen to them and gave advice rather than facilitating change. These reported negative experiences also resulted in a poorer assessment of the counsellor being able to meet the client's needs. The adolescent participants' narratives and the overall findings suggest that positive relationships and therapeutic alliance contribute to better counselling outcomes (Duncan & Miller, 1999; Wampold, 2001; Jones-Smith, 2016). However, they do not inquire specifically into the first session experience or the experiences with SFBT.

Solution Focused Brief Therapy and Adolescents

This section covers the basic philosophy and tenets as well as key aspects of SFBT. Discussion is combined with research concerning the suitability of SFBT for school counselling situations, as well

as how it contributes to successful outcomes for adolescent clients. Evidence is then considered around the effectiveness of SFBT and adolescents.

Solution-Focused Brief Therapy (SFBT), also called Solution-Focused Therapy, was conceptualised and developed by Steve de Shazer and Insoo Kim Berg in the early 1980's (Jones-smith, 2013). As the name implies, SFBT focuses on building solutions and avoids dwelling on problems. This is achieved through focusing on clients' successes and strengths and what they can do rather than on the areas of their lives that are not working so well. An established philosophy within SFBT is that problems are not there 100% of the time, in fact no behaviour happens all of the time (Metcalf, 2008). Clients, however, often feel that problems are always there, or they do not notice when they are not.

The SFBT counsellor takes the approach that the client is the expert in his or own life and knows what will work as well as what is best for themselves. This is in contrast to the traditional approach of psychotherapy where the therapist is either implicitly or explicitly regarded as holding the expertise (psychologytoday.com). In SFBT, clients are assumed to hold the knowledge of the solutions and are usually experiencing exceptions to the problems already. De Jong and Berg (2013) observed that when the focus is on what they can do and what their strengths are, clients discover solutions faster than when attention is on the problem. In SFBT the focus is on what the client wants to be different, what their preferred future is, and how they might go about making those changes. A result is increased self-efficacy as well as remaining focused on how to make change occur. When applying SFBT to school counselling John Murphy (1994) describes how increasing the wanted behaviours in young people, and any person, is easier and more successful than trying to stop the unwanted behaviours.

The other key aspect of SFBT is its brevity. Because the time spent exploring problems is generally much less than in problem-focused therapies, clients, counsellors are able to co-construct solutions within short timeframes. This allows the client to implement these solutions in a timely manner, as

well as often keeping the number of sessions to a minimum. In discussing the practical limitations and advantages of SFBT for school counsellors, Murphy (1996) states

> "The present-future focus is more feasible for busy school counsellors than many traditional treatment approaches requiring lengthy excursions into past history and experiences. The possibility of altering difficult problems in a limited time period is quite appealing to school helping professionals, who typically consider time their most limited resource" (p. 64).

Effectiveness of SFBT with Adolescents

Evidence-based research attests to the effectiveness of SFBT in producing successful outcomes with children and adolescents (Gingerich & Peterson, 2013; Kelly, Kim, & Franklin, 2008; Newsome, 2002; Newsome, 2005; Schmit, Schmit, & Lenz, 2016). What makes SFBT an ideal choice for therapy in a school situation is the intention that SFBT is short in duration, whilst giving autonomy to clients who are at a stage in their lives that this is not always available to them. Working with young people and their families, Williams and his staff at the Family Support Centre in Hamburg, New York, found that SFBT techniques such as scaling and the miracle question contributed to change (Williams, 2000). In addition to the methods used in SFBT, they found that therapeutic relationships, hope and expectancy contributed to client confidence and optimism.

One major component that contributes to the success and short time frame of SFBT is the minimalisation of problem talk and a focus on the client and the therapist building solutions towards the clients preferred future together. Unlike some other forms of counselling, while the problems are heard, the focus is on moving forward, looking to the future and avoiding slipping back into being problem focused. As Hanton (2011) notes, when thinking is 'problem based' clients often forget that they have past successes or exceptions to their problems and cannot view the future with hope. One of the particularly helpful techniques in SFBT is the use of problem free talk. Undergirding this is the assumption that clients' problems are never static and that they often have resources to deal with

any issues they bring. Despite the emphasis on looking to the future it is important to point out that problem talk is not necessarily excluded from SFBT. De Shazer (1994) clarifies that "of course not all talk about problems is problematic. Sometimes, in fact, it is useful, for instance, if the client has never talked to anyone about the problem, then talking about the problem is doing something different" (p. 80).

Gingerich and Wabeke (2001) considered that although there were good outcomes, traditional approaches which involve diagnosing and treating school age students meant these adolescents were given labels with negative and in some cases pathological connotations. They found that labels such as 'mentally ill' reduced clients' sense of self-efficacy and as a result resolution of problems was slower. In the early 2000's they noted that there had been ongoing efforts to introduce more strengths-based approaches into schools, but the pathology-based model remained strong. Their investigation into the implementation of SFBT into schools, at that time, supports the effectiveness of this approach with children in a school environment. In all the cases they refer to there was a reduction in unwanted behaviours when applied to adolescents with behavioural problems and an increase in desired behaviours, compared to control groups (Seagram; Triantafillou; Dielmann & Franklin, cited in Franklin, 2012). In addition, clients expressed a high level of confidence in their ability to maintain these changes. This successful outcome was also replicated when working with adolescents experiencing anxiety and depression.

Mandated Clients

Young people often present to school counsellors as a result of a referral from an adult in their lives such as a school dean, a principal or a parent. Regardless of whether the referrer is a person of authority or a friend or family member, there is often reluctance to be in counselling when it has not been the client's choice. These are mandated clients, who may well present for their first session feeling annoyed and believing that their problems sit with other people. Although the participants in

my research were willing clients, I am mentioning the mandated client here as the expectations of counselling that any client holds will impact how motivated or open the client may be in this initial session. Matter (2006) writes about the small time-frames counsellors have in mandated care as well as the negative messages that many youths bring about themselves. He refers to the equation of "adolescent equals problem" that many of these clients have been reinforced to believe. In contrast to other methods of therapy Matter (2006) found that "Solution-focused therapy effectively addresses the negativity often engrained in the lives of clients. This approach provides a refreshing alternative for talking about the problems and challenges that adolescents are confronted with and provides realistic hope for change" (p. 149). The advantage of a SFBT approach with these clients is that the counsellor does not presume to take sides or agree with the referrer or convince the student that they have a problem. Instead counsellors obtain the clients' opinion and might discuss what needs to change so that the person who referred them no longer sees the need for them to come to counselling. Sometimes the reason for referral is concern for the client's wellbeing, or it can be because of behavioural issues. Regardless, there should be benefit for them in attending counselling and I hope to be able to discover what is important to adolescents for them to want to return.

SFBT and the Therapeutic Relationship

Jones-Smith (2016) describes the SFBT therapeutic process as having five basic stages: describing the problem, developing goals, exploring for exceptions, giving feedback and evaluating progress. Even this has changed somewhat recently, with the formalised consideration and giving of feedback near the end of the session not considered as fitting with the model's assumptions. As stated by Jones-Smith (2016) "solution-focused therapists search for the simplest and most direct means to a desired outcome" (p. 491). Working with this approach often means there is a lot of progress in a first session, however there may be little time spent specifically developing the therapeutic relationship.

This extra time may be required by some clients and is reflected in what students have said to me, anecdotally, about the haste in developing solutions rather than allowing for relationship building.

Whilst having both anecdotal and research-based evidence, of the efficacy of SFBT in producing positive outcomes is important, it is also vital that self-reflexive counsellors ask themselves how their clients' chances of experiencing positive counselling outcomes are enhanced or impeded. Is it enough to simply produce a reasonable outcome with a client or is it also important to ask what their needs and expectations are and try to meet them to produce the best outcome possible? In a recent critique of APA Clinical Practice Guideline, Norcross and Wampold (2019) challenge the guideline's almost complete focus on treatment methods and outcome success. Based on much of their own previous research, which will be discussed below, they state

> "instead, the research evidence, clinical expertise, and patient preferences and culture (the necessary triumvirate of evidence-based practice) should converge on distinctive psychological guidelines that emphasize the therapy relationship, treatment adaptations, and individual therapist effects, all of which independently account for patient improvement more than the particular treatment method" (Norcross & Wampold, 2019, p. 2).

Alliance

My interest in learning more about adolescent expectations and experience of a first counselling session was fuelled from the reflections shared by students about the relationship formed between them and their counsellor. Although this research is not looking specifically at alliance, in most therapeutic modalities, the development of a therapeutic alliance is an important part of the initial counselling session. (Jones-Smith, 2016). Sometimes referred to as the therapeutic relationship, it is mostly about how the therapist and the client connect and engage. Developing trust is a big part of this, and often trust is something clients may have less of within many relationships in their lives.

Trust allows clients to open up and talk about their vulnerabilities and hopes without the fear of being judged or reprimanded. If a client is forming a positive impression of the counsellor and the future effectiveness of therapy, alliance is most likely to be present. For this to occur, the counsellor must be genuine, listen to and acknowledge the client and their thoughts and feelings, as well as be totally present (Miller, Duncan, & Hubble, 1997).

The therapeutic relationship is widely recognised as an important factor in promoting positive therapy outcomes. Ardito & Rabellino (2011) note that "the quality of the client–therapist alliance is a reliable predictor of positive clinical outcome independent of the variety of psychotherapy approaches and outcome measures" (p. 1). A study by Wampold (2001) has shown that of all the contributing factors that can lead to good outcomes in psychotherapy, only 1% of influence came from the therapy model or technique used. Therapeutic factors, alliance and allegiance combined, contributed to 25% of the influence on outcome and comprise the largest element that can be affected by the therapist. A similar inquiry by Hubble, Duncan, & Miller (1999) showed a 30 % contribution to outcome from relational factors (alliance and allegiance) including perceived therapist attitudes and actions demonstrating warmth, empathy, encouragement, and acceptance. Both works concluded that therapeutic relationship and alliance was considered crucial and was not only a predictor of outcome but also of client dropout. Matter (2006) states "Once adolescents see the therapist is genuinely interested in cooperating with them and the therapist values their stories, then the seeds of hope are planted" (p. 142). Anecdotal and research-based evidence suggest that when working with teenagers this is likely to be an important consideration. It has not been uncommon for me as a teacher to meet the teenager who refuses to partake in an activity due to their dislike of the person in charge. In reference to the importance of the relationship Matter (2006) asserts, "if this is neglected, then adolescents (who are adept at "sniffing out" falsehood) will throw-up their defences and disengage from the therapeutic process" (p. 142).

Recently Zilcha-Mano (2017) revisited alliance and whether or not it is in itself, therapeutic. She found that trait (relationship forming) alliance, formed early on in therapy was a good predictor of treatment outcome. If a satisfactory relationship was formed, it enabled the use of techniques to bring about change and good outcomes. It is the state-like component of alliance, the interpersonal relationships that are worked on throughout therapy, that can bring about change itself. This is not the part of alliance that is likely to be established in a first session.

SFBT and Therapeutic Alliance

When inquiring into associations between alliance and outcome in SFBT and BIT (Brief Interpersonal Therapy), Wettersten, Lichtenberg, and Mallinckrodt (2005) were surprised to find that early ratings of working alliance by SFBT clients had no correlation with outcome. Working alliance is usually acknowledged as the partnership and collaboration between the therapist and client once trust and connection have been developed (Horvath, Del Re, Flückiger, & Symonds, 2011). The strength of the working alliance changes and adapts as therapy progresses. In the study by Wettersten et al. (2005) there was a significant relationship between alliance and outcome with the BIT clients, matching results cited in other studies. The authors acknowledge that there were factors that were not controlled between the two study groups including ethnic background, presenting problems and variations in therapeutic techniques. This added to my curiosity about the clients' experience of first sessions and the nature of the alliance which results. In addition, discussing my potential research with two high school students in March this year they both said that they felt that they needed to build a trusting relationship with the counsellor before they could make themselves vulnerable and talk about what was really important. As discussed in the section: SFBT and adolescents, the focus in SFBT is on building solutions rather than needing major self-disclosure or to delve deeply into problems to be effective. This of course may challenge some of the preconceptions or assumptions that adolescents have of counselling.

This research described above, and my anecdotal experience, both raise questions about therapeutic alliance and adolescents. Is a positive therapeutic alliance more important for the adolescent age group in order to have good therapeutic outcomes? Will they feel more deeply committed to the counselling process if they feel a strong sense of relationship with the counsellor?, Do they believe that there cannot be good therapy outcomes without being vulnerable and providing full disclosure? My research seeks to explore some of these questions.

Outcome Rating Scale (ORS) and Session Rating Scale (SRS)

Although I am aiming to discover what the experiences of adolescents in school counselling are there are already tools that I employ that help assess client satisfaction of a session. It is beneficial for both therapist and client to know if what they are doing is working, and being able to document this may in some circumstances be a requirement for continuation of funding. Until about 20 years ago valid measures of outcome in therapy tended to be costly and time intensive. Studies found that clinicians regard a tool needing more than five minutes to complete, score and interpret, as impractical. The Outcome Rating Scale (ORS) (Miller & Duncan, 2000) was developed in response to the need for a tool that was brief, reliable and valid (Miller, Duncan, Brown, Sparks, & Claud, 2003). The ORS consists of four statements against which clients are invited to rate themselves by marking a point on a ten-centimetre line beneath each statement. The statements relate to personal wellbeing, family and close relationships, work and friends and then overall wellbeing. The right-hand side of each line is more positive and the left-hand side, negative. Clients place a mark on the line that indicates where they are in relation to the statement. The ORS is used at the beginning of a session and is a valuable tool in initiating discussion with clients about their reason for being there. Although the ORS will not be a significant focus in this research it is important in establishing a starting point with clients and helps my sessions to be client directed and informed. The ORS is a good indicator of progress as over time the mark, or total score, should move to the right. This can be tracked across

sessions and it is this data that provides outcome evidence. Miller et al. (2003) have been able to show good reliability and favour the use of this scale over previous measures which took much more time to complete.

Knowing that alliance can play a major part in outcomes for clients, following the ORS the Session Rating Scale (SRS) was developed as a tool to elicit client perceptions of alliance (Duncan et al., 2003). A therapist cannot assume that their evaluation is the same as the client's and Bachelor and Horvath (1999) found that client ratings, rather than the therapists', were better predictors of outcome (cited in Duncan et al., 2003). Prior to the SRS, measures of client perception were typically lengthy and complex and used for research rather than clinical purposes. Like the ORS, the SRS can be used in every session and also consists of four statements that the client rates on a ten-centimetre line, moving from negative to positive. The SRS is completed at the end of the session and asks whether the client felt heard and understood, was able to work on what they wanted to, if the therapist's approach was a good fit and if, overall, the session was right for them. Once the client has marked the scale the therapist can then discuss the results of the SRS with them. During this discussion any concerns shown are addressed and changes required by the client can be planned for future sessions. Duncan et al. showed that the scores on the SRS correlated positively to therapy outcome. Both the SRS and ORS work well with SFBT and clients adapt easily to their use as they are also familiar with scaling techniques used within SFBT (Franklin, 2012). The use of the SRS in this research will contribute to data about alliance as well as providing opportunities to discuss client preferences for future sessions. If scores are low on the SRS there can be conversation about "how come" and this may provide additional data about expectations in addition to alliance.

Expectations

As I want to discover adolescents' experiences, knowing what expectations they bring to counselling will be vital to understanding more about both positive and negative experiences. The term

'expectation' can be defined in numerous of ways and entering into the research and data collection I will refer to the term expectation as carrying the meaning of 'believing that something is going to happen' (lexico.com; merriamwebster.com).

Literature about the expectations that clients hold about therapy indicates that considering client expectations has increased in importance when assessing overall practice. Tinsley (2008) refers to a belief from theorists that expectations are central to the success of therapy. "Clients' expectations influence their decision to enter into and remain in therapy and they moderate the effectiveness of therapy" (Tinsley, 2008. P. 594). Those expectations include the nature of the actual therapy, and how the client and the therapist will interact or function. Greenberg, Constantino, & Bruce (2006) identify that all clients begin therapy with expectations that include the types of activities and conversations that will take place, the client and therapist roles, and the emotions and reactions that they might experience. What Greenberg et al. note is that these treatment expectations vary between individuals.

Goldstein (1962) made a distinction between prognostic expectations, (about the likelihood of success of therapy) and participant role expectations. There are many research documents pertaining to the prognostic expectations of clients and outcome (Noble, Douglas & Newman, 2001; Glass, Arnkoff & Shapiro, 2001; Dew & Bickman, 2005; Constantino, Arnkoff, Glass, Ametrano & Smith, 2011). What is supported in the above literature is the strong link between high or positive client expectations of therapy and better client outcomes. Having high expectations of therapy also increases client engagement and reduces the chances of dropout from therapy. A metanalysis by Reis & Brown (1999) showed that clients' experiences of unmet therapy expectations are an underlying cause of early termination.

Expectations as a Barrier to Counselling

The Encyclopedia of Counseling (2008) refers to a study by Regier (1980) of more than 20,000 individuals that showed less than 30% of people that had a mental health concern sought treatment during that year. The study asserts that many psychologists believe that negative views and expectations about psychotherapy are responsible for the underuse of mental health services. When looking at some of the statistics for adolescents, Costello et al. (1998) and Logan and King (2001) suggest that of the 20% of adolescents that have poor mental health symptoms only 4% receive help (cited in Stewart, Steele & Roberts, 2012). If negative client expectations are enough of a barrier to prevent some accessing counselling, then presumably the clients who do make it must also hold some positive or at least potentially positive expectations about what is going to happen. If these positive or potentially positive expectations are not met, there is considerable risk that numbers of clients will not return again.

One of the aims of my research is to discover what those expectations might be in adolescents and whether they are being met in my counselling sessions. Although there is a wealth of research into expectations and the link to outcomes there is little relevant research that excludes outcome data and makes both the expectations and the experience of the session a focus. In addition to adolescent expectations of the roles played by themselves and the counsellor, I am interested in their expectations of what will occur within a first session and how this is experienced.

Adolescent expectations

Stewart et al. (2012) also note that child and adolescent client expectations of counselling are" one of the most neglected areas of research" (Dew and Bickman (2005) as cited in Stewart et al.). Concerned about the often-unsuccessful application to younger populations of models developed to assess the mental health of older adults, Stewart et al. developed and used a measure to investigate adolescent expectations about therapy. This was an inventory that contained multiple statements

designed to examine negative expectancies, process and outcome expectancies and expectancies around positive therapeutic relationship.

The participants for the Stewart et al. (2012) study did not attend counselling but were recruited from health and psychology classes in schools in the USA. The data was based purely on expectancies and there was no actual counselling experience involved in this research. Due to the non-experiential information there was no evaluation about how expectations were met or how they affected the actual experience. There were, however, some factors that correlate with the goals of this research. Common expectations from adolescents about the process were that the therapist would take notes during the session, work differently depending on the problem, give tasks to do between sessions, and help the client figure things out. They also thought that therapy would be helpful, the client would have a say in their therapy goals, and they would change as a result of therapy.

As a result of therapeutic relationship statements many adolescents indicated that they expected the therapist to tell clients about themselves, understand what the client was feeling and that as a client they would feel comfortable talking to the therapist. Interestingly Stewart et al. (2012) found that adolescent boys had more optimistic expectations for a positive relationship with the therapist than girls. Boys also had greater negative expectations about therapy which could affect help seeking behaviours. There was some fear from adolescents that the therapist could tell their secrets to their parents or that they would take the parents' side. Also, that the therapist would tell the client what to do or talk about things they didn't want to talk about. As mentioned earlier, these statements were given to the research participants and then scaled. The drawback with this method is that the adolescents were prompted which could result in the rating of a factor that otherwise may not have been an issue for them. Equally, responding to a predetermined list may reduce the value of issues that participants may have held as most significant.

Expectations of Alliance

Recently a study was completed by Greif (20015) that hoped to discover if alliance expectations were linked to engagement and outcome in therapy. Participants were not adolescents however the results of this study are relevant to my research of relationship expectations. When comparing alliance expectations with the actual experience of participants he found that when the rating of alliance exceeded the expectation, participants were more satisfied and attendance, engagement and therapy response was better. If actual experiences were below expectations for alliance then client satisfaction was reduced. These findings about alliance expectations are in contrast to the effects of outcome expectations when high expectations lead to better outcomes (Glass et al., 2001; Dew & Bickman, 2005; Constantino et al., 2011). Greif also noted that if clients came with high alliance expectations then this made it harder to exceed them, whereas low expectations initially could result in much higher alliance satisfaction and better client engagement and therefore, outcomes (Baldwin, Wampold & lmel, 2007). It may be that the adolescent clients that are unsatisfied with school counselling have come with high expectations of alliance, or the relationship they would hope to experience. When the experience has failed to meet the expectations, they have discontinued with the counselling process.

Expectations of Therapy

Midgley et al. (2016) note that there has been little investigation into what young people expect in therapy, with most research focusing on adults. The outcomes in adult research show that treatment expectations relate to both outcomes and therapeutic alliance. In their qualitative research they used semi-structured interviews to find out what 77 young people aged 12-18 years expected to happen in therapy. They left the questions open enough that the responses could be without influence from the researchers. They were open to discover if the expectations adolescents had of therapy were around the therapeutic alliance, session structure, or were outcome related. The

responses were varied. Of relevance to my proposed research is the theme of participants' expectations around talking. They expected there would be lots of talking and discussing what was bothering them. "I just imagine talking ... just talk about stuff ... what's happening and, how it makes you feel," and another thought "she would need to talk about things that "would get me upset a bit," but that it would still be "good to talk," especially with someone who "can't really judge you on your problems." (Midgley et al., 2016, p. 16). Some commented on the idea of "being heard", with another saying, …"probably me doing a lot of talking and then listening and asking a few questions ... I'd be able to talk about me and how I feel and not have to worry about hurting people's feelings." These responses are similar to the possible expectations held by those whom I spoke to before undertaking this research- the students that didn't think highly of their experiences of counselling.

In contrast, other participants had completely different views and expectations. They saw the therapist as more like a medical professional and the counselling process more like a clinical consultation and less like having a personal relationship. They expected to receive a diagnosis and a course of treatment to cure the problem. It is noted that this seemed to fit the images popularised in the media as well as drawing on a more medical model. The contrasting viewpoints of the young people surveyed in the Midgely study adds to the curiosity in this proposed research.

Whilst the Midgley study did not look at outcomes in relation to expectations, they did note that due to the unique expectations that each young person brought with them it would be worth reminding ourselves that many of these expectations are quite different to what professional therapists' perceptions are. It was proposed that the study supported the need to ensure therapists explore young people's expectations and negotiate early on what therapy would involve.

Midgley's study considers the origins of clients' perception. Medical models and popular culture appear to have some influence. Research of client experiences of preconceptions of therapy by Taylor and Loewenthal (2001) included interviews of young people attending counselling services.

They found that the descriptions of preconceptions around therapy largely came from television, books, film, plays, magazines, newspapers or other literature. The participants also gained their beliefs from friends and family and activities around their places of learning or work. Taylor and Loewenthal highlight how the words 'therapist', 'counselling' or 'psychotherapy' have meaning prior to any actual personal experience.

The literature available about expectations and therapy suggests that client expectations have an impact on outcomes as well as engagement or dropout. When looking specifically at the therapeutic relationship it is indicated that high expectations from clients may make meeting or exceeding those difficult. If a counsellor is not meeting those alliance expectations it can lead to early dropout or discontinuation of therapy. There is also indication that discussing expectations can reduce the disparity between client and counsellor and lead to a better experiences and outcomes. Literature on adolescent expectations and experiences in SFBT school counselling is lacking.

As a solution-focused counsellor committed to the belief that each individual client is the expert in their life, I believe that taking what I had heard from a small uncontrolled sample and making assumptions and changes in my own practice based on that, is not appropriate. I needed to look at what each individual's expectation was, with the possibility that each participant had very different expectations about what happens in therapy as well as what their relationship would or should be with me as the counsellor. Therefore, this research will explore how my own practice meets or does not meet adolescent client expectations of a first counselling session.

Barriers

As already stated above, if a client has negative expectations about counselling this can create barriers to attending in the first place. Research into parent barriers for children accessing mental health services has established that an individual's perception of mental health services was the

most common barrier to beginning and engagement with the services (Owens et al., 2002). Similarly, Gonzalez, Alegria, & Prihoda (2005) found that negative attitudes and expectancies about treatment contribute to the underutilisation of services.

As well as misunderstandings about what therapy involves, many studies have identified common perceived barriers in adolescents and young adults. One of these barriers to help-seeking is difficulties in recognising symptoms, also known as poor mental health literacy. A systematic review by Gulliver, Griffiths & Christensen (2010) identified 13 key barrier themes from 22 eligible studies. In addition to a lack of knowledge about mental health services they reported that over a third of the earlier studies had identified and addressed poor mental health literacy as a concern. If young people are not aware that what they are experiencing is a problem then they are not even considering accessing external help in the first place.

Gulliver et al. (2010) also found that once young people had identified the need for help, they often avoided or put off accessing therapy, believing that they could handle it themselves or by means of other preferred sources of help such as family or friends. Those who did not reach out to anyone else held the belief that they would be a burden to others.

Almost half the contributing studies in the Gulliver review revealed concerns about confidentiality and trust as a barrier to counselling. Additional key barrier themes that emerged from previous studies included concern about the provider and what they would be like, as well as fear about accessing help. An additional factor in the concern about the provider is the ability of the provider to be able to help. In addressing the engagement of young people in therapy, Bradford (2018) describes young people as having doubts about whether they can actually be helped or taken seriously. If a young person does not believe that they can be helped then along with other barriers, the likelihood of them taking steps to engage in therapy is going to be further reduced.

Although not used as data in their review Gulliver et al. (2010) discuss two studies specifically completed in schools and describe barriers unique to this environment. Significant and relevant barriers described included not enough privacy in school that could result in confidentiality issues, the dual role of the counsellor working for the school who could therefore potentially be seen as an enforcer of school rules, the counsellor not being able to see their side of things as well as being too busy with clients. These perceptions will vary depending on the organisation, location and operation of the counselling department within a school and any of these could exist in the setting of this research.

Stigma and Accessing Counselling

The most recurrent common theme across the studies reviewed by Gulliver et al. (2010) was concern about stigma, and embarrassment in seeking help, which appeared in over three-quarters of the studies. Stigma includes the public, perceived and self- stigmatising attitudes to mental health or illness. In their review Gulliver et al note that the most common concern was what others, including the helper, would think about them. Similar findings came from research by Nearchou et al. (2018) who concluded that help-seeking intentions in adolescents are more affected by public stigma beliefs than their personal stigma beliefs. Bradford (2018) discusses unhelpful beliefs that young people hold that prevent getting them to counselling. These include the stigma around mental health and fear of judgement around others, combined with denial about the severity of their problems, or thinking they are “crazy”. She also draws attention to the impact that the previous therapy experiences of peers have on this age group. Prior negative experiences were a factor in the attitudes held towards counselling in my pre research conversations. However, the reverse seems also to apply that positive prior experiences of help-seeking facilitates both future help-seeking as well as improved mental health literacy (Gulliver et al., 2010).

In an editorial about help-seeking behaviours in young adults, Mitchell (2017) considers the impact of the words used in creating or impacting on stigma for young people. When mental health is referred to as mental illness there may be greater impact on the person and a greater likelihood of attached stigmatisation. In my research and SFBT practice the use of diagnostic terms for mental illness is avoided partly for the reason that I do not believe it serves any benefit to the client to be labelled. If they are feeling depressed it does not help them or change the process in the counselling to be labelled as having depression. Certainly, there are cases where diagnosis and diagnostic terms are important and in my own practice a client that potentially requires a more diagnostic approach and treatment is referred to the teams specialising in these.

Barriers such as financial restrictions, physical access or transport are also common in much of the literature, however, they are not relevant to this research as school counselling services are free of charge and available onsite.

Gaining an understanding of perceived barriers and of adolescents' expectations before treatment may assist in a better understanding of the client as well as inform the delivery of therapy. Barriers and expectations are closely linked and are likely to impact on what the client brings to the first session. What the available research lacks is data that draws on both these factors. The participating clients in this research had never attended counselling before and until the research interviews took place it remained unknown if perceived barriers played a role in this. Underuse of our services is not the goal of school counsellors and discovering the perceived barriers for clients became an additional goal of this research. Having insight into the barriers for school clients has the potential to improve or change my practice and to help address or remove some of the barriers to counselling in schools.

First session

In any counselling situation the first session is most often the first occasion client and counsellor will meet. Communication prior to this session is most likely to be functional in manner, often only to arrange an appointment time. For most clients this session will be the determinant of whether they return for future appointments. As well as focusing on what happens within the first session it is important to be mindful of how clients are arriving as well as what expectations they are bringing. Clients in the study by Taylor and Lowenthal (2001), stated that before the first session it was 'nerve wracking', 'unnerving', 'frightening' as well as saying they were feeling scared. The one participant whose transcript was presented in their study told how she had waited a year with the counsellor's card before making the appointment. Unfortunately, the interviews in this study do not explore the reasons behind the clients' fears. It is unclear if the feelings are uniquely connected to their expectations, the unknown of the new situation or something different. It is stated that these feelings eased during the session due to the therapist making it easy to talk.

For a (non-mandated) client seeing a counsellor in an agency or private practice, one would expect that if the counsellor was not a good fit for the client then there would be the option of seeking an alternative counsellor. In a school situation there may be multiple counsellors to allow for better matches, however, this is regularly not the case. Many schools have sole counsellors or counsellors assigned to particular groups within the school and students are unable to have choice in who they see. These factors make the first session a particularly significant determinant of whether a client returns for future counselling.

Bradford (2018) makes the important point that in an opening session, a young person is expected to be able to disclose personal information to a person that they don't yet know. There has not been time to develop trust and even for adults this can be confronting. Her experience, as a psychologist, is that this personal and often direct questioning creates an uncomfortableness or anxiety within the

clients, and that because of this it is common for young clients not to attend subsequent sessions. Therefore, if adolescent clients are coming to counselling with an expectation that they will talk and spend time getting to know the counsellor, being pushed into opening up about their most serious problems from the start is creating a mismatch between expectation and reality. It makes sense that if the first session is an unpleasant experience which fails to create a positive alliance, young clients will avoid the risk of experiencing it again. Added to the future avoidance of counselling for themselves might be the negative view of counselling they then share with their peers.

A study by Miller (2009) on the relationship between expectations and experiences in therapy showed that when a therapy session matched the clients' perception of what it was going to be like, they then reported the first session to be more helpful than they expected. This effect was ongoing for all sessions and may offer an insight into why some school counselling clients believe that their counselling is not helpful. With the portrayal of what therapy looks like on television, in movies and on social media, it is likely to be the mismatch between expectations and reality that contributes to the poorer opinions of clients and their counselling experiences.

Experiences of the First SFBT Session

Lloyd & Dallos (2008) looked at experiences of first session SFBT with families who have a disabled child. Although participants were not adolescents, what was discovered was that the underlying goals of SFBT, such as developing self-efficacy and feelings of self-worth, remaining future focused, acceptance of things beyond their control and that change is in their control, stood out as positives for those involved. What participants did not like was the use of the miracle question, which they found irrelevant and confusing. It must be clarified that in this study the clients and the families had been living with their disabilities for a long time and they knew that they had no choice in that. On the positive side, the participants noted how the session had given them time to think about things as well as vocalise them, as opposed to usually just getting on with things and not even thinking

about change. They also felt that due to what felt like a good therapeutic relationship, that they had left hopeful, even if their problems had not been resolved. Most had also expected to have more advice or ideas given to them and were disappointed not to have received these. Lloyd & Dallos note that prior to their engagement in a SFBT process the clients saw the therapist as a directive expert. The mothers reflected positively about experiencing a collaborative relationship where both the therapist and the clients took ownership of the plan moving forward. The results of this study give good insight into how adults experience the SFBT session and raise some points about expectations of advice. Going into this research I had assumptions that adolescents would also expect advice and instruction to be given to them rather than having to work to find solutions with a counsellor.

What is noteworthy from this study is that all participants voiced a preference for being interviewed for research purposes by the same person who was their counsellor. They felt that they could be more open and honest, even if it wasn't positive and that the responses were not going to be misinterpreted. I have felt that participants in my research might feel more comfortable with someone other than myself completing the interview process. My belief was that if young people wanted to talk about things they disliked, then having me, their counsellor, interview them would make the task of offering criticism or highlighting negative experiences more uncomfortable for them, which would likely have a negative impact on the usefulness of the process.

Summary of key points from this section

This chapter has examined some of the existing literature available about adolescents and their expectations and barriers of counselling. I have also provided an overview of SFBT and how being future focused, giving the client agency and working collaboratively towards solutions is effective with adolescents. The literature has reinforced for me the strengths of this approach and highlighted that problem free talk, short treatment duration and feeling hope and expectancy were some of what adolescents find important in counselling. I have explored research on the importance of the

therapeutic alliance and relationships within counselling for both outcomes and client satisfaction. Studying the available literature, I have discovered evidence that this alliance may not hold the same importance when SFBT is the therapeutic modality.

Client expectations in counselling have been well studied and there are clear links between positive client expectations and levels of therapy satisfaction and good outcomes. In contrast, there is research that has found that positive expectations about alliance, however, can result in poorer alliance ratings. Equally there is research support for the connection between negative expectations and poor use of services and other barriers to therapy. What is lacking in the literature is data about counselling expectations and actual experiences of therapy, rather than outcomes. There is also little research combining expectations and the therapeutic experience for adolescents.

A first session in counselling can be literally a “make or break” situation. Clients will base future decisions about attending counselling with myself and potentially any counsellor on this single encounter. I have presented literature that confirms this as well as defining some of the issues that could impact on the first session success. Although literature about first sessions is plentiful there is no specific research investigating the experiences of young people in SFBT first counselling sessions in schools.

Drawing on my initial conversations with young people combined and the research discussed here, what emerges is a question around what clients believe they are coming into when attending counselling for the first time. What do they expect, and if those expectations are not met, how does that impact on their experience of counselling? This has guided me to my research questions:

How do adolescents experience their first-time SFBT session in a high school setting?

- What are adolescent expectations in a first-time counselling session?
- What do adolescents see as important in first counselling sessions?
- How does my SFBT practice meet adolescent expectations of a first counselling session?

Chapter Three: Methodology

Although I had some anecdotal testimony from young adults previously engaged in school counselling I had no systematically gathered data on how those sessions were constructed or any evidence of their prior perceptions or expectations. In order to answer my research questions, I needed a framework that allowed me to explore and understand the clients' experiences within the process of the counselling session. Owing to the exploratory nature of this research I had no predetermined hypothesis or expectation about what would emerge from the data. Instead understanding was developed from the data rather than testing it against a theory. I was wanting to understand what secondary school clients expected to happen in a first counselling session as well as what their lived experience of that session was.

On that basis, alongside the need to find what clients' own experiences and perspectives were, a qualitative method of research was the best fit. Epistemologically, qualitative research is grounded in the assumption that reality is socially constructed, and a person's knowledge comes from a constructed interpretation of their experiences. "The goal of the research is to rely as much as possible on the participants' views of the situation being studied" (Creswell, 2009, p. 8). Qualitative methods of research are not looking to find a truth or prove a theory but focus on meaning: the "why" and the "how". As Clandinin and Connelly state "the researcher does not need a problem to solve, or a question to answer, but instead focuses on an experience that is of interest" (as cited in Bold, 2012, p. 7). Counselling research using a qualitative method seeks to understand interactions using detailed observations of people in the setting in which counselling occurs. The emphasis is on providing insights into real life situations and examining motivations and feelings (McLeod, 2001). Because there is an absence of theory to start with, the findings can provide unexpected insights as well as amplifying the overall picture participants' beliefs, attitudes and thoughts.

Using my personal counselling practice to explore the expectations and experiences of clients gave me greater understanding of my own counselling work. My objective when entering into this research was to advance the knowledge of my counselling practice, such is the focus of practice-based research. Through this process an awareness was developed of what clients bring with them to counselling, which is not usually discussed, as well as an appreciation of how I contribute to their session experiences. Using practice-based research makes the findings relevant to me and offers the opportunity to adjust my own practice in ways that more generalisable research cannot.

Given that the focus of this study is how clients experience first time counselling sessions with me as the counsellor, a case study design is fitting for this research. Rather than looking at a singular counselling "case" or person, the case study will be an examination of a particular situation: individuals in first time counselling experiences. Creswell describes qualitative case study research as an approach where the researcher explores cases through "detailed, in depth data collection involving multiple sources of information" (Creswell, 2007, p. 73). For this research observations, recordings, documents, reflections and interviews were included, followed by analysis drawing out case-based themes. A case study was a good approach for this research as there are clear boundaries to the cases and I was seeking to conduct an in-depth analysis of the case - adolescents in first time counselling sessions.

Lichtman (2014) brings attention to the fact that often case study research is too particular to be able to generalise the results. As this study was practice based the main intention was not to find results that can be broadly applied to others' practices. The hope was to gain insight into clients' experiences and decide if there needs to be change in my own practice. Despite the focus being on my personal practice the possibility is there to be able to apply the findings to the practices of other counsellors in similar settings.

SFBT is based on the underlying philosophy of social constructionism which holds that knowledge is socially constructed, and this aligns with my own worldview. Many years as a parent and as a teacher have contributed to my appreciation that everyone is individual and has their own background and cultural history. When I have opposing opinions about a person's actions or beliefs I realise that these are constructed socially and may sit well within their culture and belief system. I believe that our personalities and behaviours change and develop constantly throughout life based on what we experience and our interactions and use of language with others.

During the process of solution building in SFBT, clients' perceptions shift, and we observe this as progress in the counselling setting. De Jong and Berg (2013) apply the social constructionist perspective to account for those shifts. Social constructionism emphasises the interactions between people as well as how they use language to construct their reality. Burr (2015) notes that "the possibility of alternative constructions of the self and other events in one's world, through language, is fundamental to this social constructionist view" (p. 54).

With social constructivism underpinning the data collection, an interpretive qualitative case study design is the most suitable methodology. An interpretive approach allows for data that is shaped by human experiences and social contexts and is focused on the subjective interpretations of the participants. Interpretive research establishes what these meanings are and how they emerge (Lomax, 1995). There are advantages of using an interpretive approach beyond developing a theory. One of these is the usefulness in studying events or processes that are context specific, such as with this study. Interpretive research can also discover relevant issues and questions for future and follow-up research (Willig & Rogers, 2017).

A qualitative practice-based interpretive case study approach, with the purpose of researching my own SFBT practice with clients, was appropriate for this research. Data collection took place during initial counselling sessions.

Chapter Four: Method

Setting

The research took place in a counselling service based in a Christchurch co-educational state secondary school where I was working as a Counselling Intern. The school provides free counselling to all students as well as staff and families of the school community. Students most commonly self-refer, and initial contact is via the school booking system, email or presenting in person to the counselling offices. Students are also referred to us by staff members, peers or family members and in this case we make direct contact with the student via email or through retrieval from class using a note system. Throughout the year demand for counselling services becomes overwhelming and urgent cases are given priority which can mean uncomfortable waiting times for some students. The counselling sessions and research took place in one of two counselling offices I regularly used. Although this is not a completely neutral space, the physical situation in the school does offer some confidentiality and it is where all counselling sessions take place. It is a space that many students at the school have been into before, having had a short school transition session in year 9 or fulfilling requirements for subject or course alterations. Nevertheless, some of the participants had never been to the department before and were uncertain where the department was. The counselling sessions took place during school hours either at lunchtime or class time.

Recruitment

As there was a specific objective to this research of first session experiences, recruitment was purposeful rather than random. Potential participants needed to be new to counselling in order to bring expectations that were not based on prior experiences. To increase the likelihood of meeting my recruitment target I established parameters that I believed were acceptable to fit the status of "new" clients but broad enough not to exclude potential participants. The school I was in attempts to

see most year 9 students early into their first year to check that they are adjusting well and to bring to attention any issues that may be there for the individual. If a potential research participant had been part of the school year 9 welcome check without ongoing counselling, this was not counted or included as a previous counselling experience. The reasoning behind excluding this experience is that the session is initiated by the counsellor and is a short appointment of up to 20 minutes in length. The other criteria that participants had to meet was that if they had been to counselling, at this school or another school prior to this research, then it must be at least one year since the last appointment. This timeframe allows for a gap in counselling that is large enough to offer a new experience for the participant or to be able to present with a problem that has not been recently attended to at a professional level

Looking solely at the first session I required more participants than might be expected if using more than one session. My original plan was to recruit eight students from the year 13 cohort of the school. My rationale for initially opting for this age group was twofold. Firstly, usual practice for New Zealand young persons' research appears to allow participants over the age of 16 to give their own consent, therefore participants' access to counselling would remain confidential from their parents. Secondly, on the basis that they did not need parental consent, this age group could be sent the research information and an invitation to participate in this, upon requesting an appointment. This would have the benefit of participants arriving for counselling having had no prior exposure to me as their counsellor as well as ensuring that their purpose for accessing counselling was genuinely motivated rather than to meet research needs. Unfortunately, the University of Canterbury Educational Research Human Ethics Committee (ERHEC) declined approval of this research for participants under the age of 18 without parental consent.

Due to requiring parental consent for all participants except those over 18 years of age, my plans had to change. I opted to recruit via the year 13 assembly as I felt that with a change of requirements the

number of potential participants would be further reduced. This was due to now needing participants to notify their parents or caregivers of their intention not only to participate in research but to access counselling. I was already primarily working with the year 13 cohort of the school, and as there were other research projects needing participants within the school, I chose to continue with recruitment of this age group.

Once ethics approval was gained and the principal had given consent, I had the opportunity to be present at their year level assembly and present my research plan. This was a way to introduce the purpose of my research and encourage students to be involved. Students were able to collect the research information from me at the end of the assembly or to collect the forms from the counselling department. Following the assembly presentation, the Year 13 Dean sent an email to all year 13 students with a link to my contact details for those that had missed the assembly and for those students that chose to progress with the recruitment process at a later time. After two weeks there were seven students who had contacted me with an interest in taking part. If students had not picked up an information sheet (Appendix C) then this was emailed to them along with the consent forms (Appendix D) Once students had opted to take part in the research and had gained parental permission and consent, they were asked to email me to make an appointment. It was important to keep the personal contact to a minimum before their first session so that their experience of that session was as genuine as possible. Meeting with the participants again to discuss the research at a more personal level would have impacted the new relationship that is experienced in a first counselling session. Subsequent to making their initial contact with me only four students had continued the recruitment process and confirmed an appointment time. Therefore, with the permission of the Head of Department (HOD) I spread my recruitment to another division within the school that included years 9 to 12 students. The same process of presenting in assembly with a follow-up email was used.

Due to the slow response from students during the recruitment phase, I chose to take additional potential participants, above the target of eight, in the event that some did not attend or were for some reason not suitable or ineligible to continue with the research. By the end of the recruitment period ten students had scheduled appointments for counselling and research participation.

Consent and Confidentiality

In signing the consent forms, participants and their parents (if applicable) were agreeing to voluntarily take part in a regular counselling session. The difference for them between this research and regular counselling is that the research session would be audio recorded and any notes taken before, during and after this session could be used in this research. Participants were assured that at all stages of the research, including publication, their identity would remain confidential and that they had the option to remove themselves from the research up until the analysis was completed. As all two-way communication was restricted between the participants and me, no other counsellor or staff member in the school has knowledge of who was involved in the research. Any student who chose to withdraw from the research would have been able to continue with counselling, either with myself or another counsellor. At the first session, students who had arranged appointments and were part of the research gave me the signed consent forms before the research and the counselling session proceeded.

Participants

At the conclusion of the research period, nine secondary school students aged 14 to 18 years attended their booked counselling session and participated in this research. One student had been involved in ongoing psychotherapy outside of school. Technically she fitted the criteria set for this research, as I had not specified the exclusion of therapy outside of school in my recruitment

information. However, although she had insightful and valuable data, I chose to remove this from my findings due to the counselling experiences she had already had. Another student turned up for their session but unfortunately, they had misunderstood the requirements to be involved. As they were receiving counselling within the school already, they were unable to participate. Of the remaining seven participants three were above 18 years of age with one of them waiting until their birthday had passed before making the counselling appointment. Six were female and one was male. It is for this reason that pseudonyms are not used in the findings. Unless all these have gender neutral names then it will be easy for the male participant to identify his contribution to the data. Because he is under the age of 18 his family are also aware that he took part in this research and therefore his anonymity would be breached upon their reading of this thesis.

All the students are New Zealand residents living here with their families. Four of the students identified as New Zealand European, one as Chinese, one as Singaporean and one as Ukrainian. There was no stipulation in the recruitment information about resident or citizen status however the status of the actual participants is noted here as there are large numbers of overseas students within the secondary school system. It is possible that expectations and experiences for an overseas student would be different than those of a local student and the reader should be aware of the classification of the participants in this study for that reason. Neither gender nor ethnicity was controlled or explored as a variable in this practice-based research.

None of the seven participants included in the data analysis had attended any counselling within school or externally before these sessions nor had they been involved in the year 9 check process. This was purely coincidental but allowed this first counselling session to genuinely reflect their first experience.

Participants' reasons for counselling

The participants who contributed to this research were all students with excellent records of attendance and equally successful academic histories. As an experienced teacher it would be my own judgement that all the participants are above average learners and achievers who are unfamiliar with disciplinary issues.

Six of the seven participants brought significant problems or issues with them to the first session. Subsequently, four of them opted to book further counselling sessions with me and one with another counsellor based on availability. The presenting issues of the participants were relatively similar with some individual variances in each case. All participants, and the year 13 students especially, came with some stress about assessments, future achievement, or time management concerns. Even the 14-year-old participant was affected by these concerns. There was pressure from either the school, themselves or family to achieve at a certain level and the risk of not reaching academic goals weighed heavily with these students. Often it was the case that the pressure they felt had contributed to feeling a lack of motivation and issues with procrastination. For those who were finishing school at the end of the year there was apprehension about what the future might hold for them in regard to study and career. Added to the pressure of school related concerns was a common theme of friendship worries. These participants regularly expressed noticing change within their friendships and friendship groups. Frequently they were experiencing difficulty keeping these relationships healthful and balanced with the other demands in their lives.

Family complications affected the well-being of two of the participants. One of the participants had a parent who had struggled considerably in the previous year with ill health and depression, with both parents experiencing upheaval in their jobs. The second participant struggled with a sibling relationship that was difficult for them to sustain as it currently stood.

As already stated, problems are not the key focus in SFBT; the emphasis is on what the client would hope to achieve or be doing if the problems were not there or not as overwhelming. In response to questioning, the participants shared that as a result of coming to counselling they hoped to have more focus at school and to achieve better grades. Part of the hope for achievement was to attain NCEA (National Certificate of Educational Achievement) endorsement for their year's work. To assist them with gaining the academic results they hoped for, participants asked for help with study planning and managing procrastination and a lack of motivation. They hoped to gain some clarity in where they were headed in the future, with three of the participants unsure about what option to choose for tertiary study. A balance in school, work and social activities was a common goal and part of that was to make time for catching up with friends as well as extended family. Those participants with awkward or less than ideal relationships with friends or family chose to work towards changing them, even if it meant ultimately ending them. As part of discovering how participants might reach some of their goals and be able to cope, it was frequently expressed that they wanted to increase their exercise and improve physical health.

Data content

The first session only was used for this study. Originally the data came from eight participants, with one session of counselling each. As noted earlier, the data from one of these participants was not included in the analysis and findings due to her previous counselling experiences. From this point on all reference to participants and data will exclude the eighth participant unless inclusion is specifically notified.

I kept the basic structure of my first counselling sessions for this research largely unchanged from how I would normally undertake them. One addition I implemented as the researcher, was to ask an extra and specific question at the beginning of the session before the counselling proceeded. This question asked the participants what they would expect to happen in this first counselling session

(Appendix E). This is not normally asked in my own counselling practice as the regular SFBT approach is to find out what the client's hopes are in terms of goals or outcome, rather than what would happen in the session. Asking this research question at the start allowed the collection of data about what the expectations are that the client is bringing with them. Delaying asking about expectations until the end of the counselling, would likely have resulted in a different answer from participants that was influenced by what they just experienced.

Following the research question at the beginning, I then conducted a regular counselling session with each participant. More information and detail about how these sessions are structured is included in the section **SFBT first session** of this method chapter.

Part of my usual first session practice is to invite clients to complete a Session Rating Scale (SRS) form (Miller & Duncan, 2000) at the end of the session. The proper use of the SRS at the end of the session involves counsellor and client discussion around the client's responses. It provides client feedback about how they perceived factors such as the fit of what was done, how it was done, and if they felt heard. Unpacking the SRS responses gives the client voice and allows me the opportunity to gain greater understanding of the clients' experience and needs and can contribute to planning future sessions. For this research I added an additional scale (Appendix F) for participants to complete in fitting with the use of the SRS. This enquired whether the participants' experience had met their expectations of a first counselling session.

There was an extended discussion time following the counselling session to gather the SRS data as well as complete additional research interview questions with the participants. This interview was led by me as the researcher, and the structure and questions asked were led by the responses given by the participant. At this point in the session I was in the dual role as counsellor-researcher. I was implementing the changes, that is discussion of the research question, as a researcher however they

were still within the therapeutic role. With a responsibility to both roles it was important to me that participants were aware which role I was in during their sessions.

At the start of the session I explained to each participant how I would keep the two observable roles independent of each other. I detailed how I would proceed as the researcher asking a research question before stepping into my role as the counsellor. At the conclusion of the session I would end my role as a counsellor and take the role of researcher and progress with the research questions and discussion. Each transition was verbalised so that participants were clear as to the role I was in at the time. For example, at the beginning of counselling I stated, “I am now stepping out of my role as researcher and will now start the session as a counsellor”.

At the end of the counselling session I remained in counsellor mode while the SRS was given and completed despite it containing the additional research question. This allowed me to discuss the participant responses to the original portion of the form as I normally would do in a session. Once this discussion was complete, I ended the session and stated that I would now move into my role as a researcher. To assist in making this transition clear I stopped the audio recording and asked the participants if they needed a break or a drink before continuing. Recording was started again once the research interview commenced. There was a small amount of overlap in my roles for two of the participants. At the very end of the post session interview when I went back into counsellor role to confirm their choice about returning or not returning for additional sessions. This came about as a result of the participants giving details about perceptions of level of need during our research discussions.

Initially I planned to have the interview completely unstructured, trusting that the participants’ responses to the SRS would determine what was asked next and naturally provide rich and useful data. In reality, after the first two research sessions I realised that I was responding with the same curiosities as well as both participants raising topics that were unexpected in my planning. I chose to

compile a reference of questions to refer to (Appendix E), and this ensured that the questions I asked were prompting the same areas for discussion. This was intended to moderate any influence I had in what was being told to me and result in the questions being equally impactful on the data for each participant.

The complete first session, including SRS discussion and interview took up to 80 minutes per participant. This consisted of the normal 50-minute session and up to 30 minutes to complete the research consent collection and the additional questions and discussion at the start and finish of the session. The data includes the transcripts of the recordings of both the pre and post session interviews that followed, the SRS forms and my post session reflective notes. The counselling sessions were recorded and although not fully transcribed, as the richest data was provided through the participants' own words during the interviews, excerpts of some sessions are included in the data. My research journal notes, and reflexion are also included as data.

SFBT first session

Although I am at a stage of integrating my practice with other approaches I find the SFBT approach most useful in initial sessions in the school environment. For many clients the first session may be the only session of counselling they attend, and change can be facilitated using SFBT techniques within that single appointment. Without knowing what it is that a client is going to bring with them, it is my viewpoint that it is logical for this session to be as helpful as possible to allow clients the option of not needing to return for further counselling. Working in a way that assists in keeping the length and number appointments to a minimum necessitates that sessions are not filled with relationship building and getting acquainted time but are focused on finding a client's goals and ways to work towards them. This is not how all SFBT practitioners work but reflects my current personal practice and how it has been developed to fit the context of the school counselling situation.

Below is an example of the structure used in the counselling sessions that were conducted for this research. As each individual case is unique the actual sessions varied for each participant based on their needs. A key point to note is the lack of lengthy introductions or getting to know each other time which is sometimes present with other counsellors or therapists.

Before beginning the session with a new client, I introduce myself by first name and explain issues of confidentiality and how that might impact them. Clients are advised that they are not obligated to answer any questions or talk about anything that they don't want to. I also ask if they have any questions before we get started. It is my experience that, to date, nobody has asked any questions about the structure of the session. Some practitioners, including SFBT therapists, discuss with the client how this and future sessions will be structured however this is not currently part of my practice. I usually take brief notes during sessions and complete them fully at some point in the same day. I find note writing helps when clients are providing a lot of detail especially around strengths, relationships, resources and goals. Having this written down assists me to return to these details later in the session if required. My note taking is explained to each client and they are informed that their notes are available to them at any stage.

To commence the session, I usually ask the client to complete an *Outcome Rating Scale* (ORS). Although developed in order to track therapeutic progress, the ORS is a useful tool that indicates very quickly and simply, where clients are placed for different areas of their lives. It is equally useful as a starting point for clients who struggle to initiate discussion around their most pressing concerns or how they want their future to be. As an alteration for adolescent clients I use a smiley face or sad face on my scales and 'school' is added to the work and friend's category. with adolescent clients. Once this form is completed, I can comment on areas that stand out to me as being very high rating or below ideal and then ask the client what it is that they would find most useful to talk about today. An example from one of the participants:

"So, when I look at this form I can see that there is quite a lot of variation for things in your life at the moment. Is there something in particular that would be helpful for you to talk about today?"

I have observed through working with adolescents that they will usually go straight to *problem talk* in the first session even if a more prescriptive SFBT question is asked at the start such as: *"What do you hope to take from today?*" or "*What are your best hopes for coming here*"? The client is provided the opportunity to discuss their problem(s) and during this time they and their concerns are validated, and I am empathetic to their situation. If a client requires prompting, additional questions will be asked such as how it affects them, how long it has been going on and how often it occurs. From this discussion there is often opportunity to hear examples of *coping* or management as well as skills and qualities the client possesses, which are acknowledged with the client. This recognition of the client's competencies and strengths is known as *complimenting* and also aids in normalising the clients' experiences (de Shazer, 1988). I also ask about any change they have experienced before coming to the appointment. However, I tend to do this more often if a client has problems that appear to be quite impactful and happening on a daily basis. Asking about *positive change* that may have happened before the first counselling session is an opportunity to recognise success and abilities thereby building the client's sense of agency (Shazer & Gingerich, 1987).

After defining the problem, there is a dialogue about whether they have tried to address the problem, what worked, if it did, and what changes happened once action was taken. Regardless of whether they have or have not tried anything, we look at what the client would like to be doing or have happening without the problem that brought them here. This is the period of goal formulation where clients develop a descriptively rich picture of how they would like things to be. Through questioning we discover what difference this will make; how other people will know that things are different and who will notice. Something I do with ease is ask "what else". This is instead of asking the more closed version; "is there anything else?" and I find that often adolescent clients are

particularly responsive to this and will put a lot of effort into exhausting all details of their *preferred future*.

All the participants in this study were able to provide plenty of detail in response to questions about their preferred future however, for many of my non-research clients they lack a clear vision of what their future would look like or where they want to be. Sometimes they have given up on what they thought they wanted to achieve and feel as if nothing has helped or is going to help. At this point the *miracle question* would be asked. The miracle question is an invitation for the client to imagine a scenario from which the problem(s) with which they have presented has been 'miraculously' removed and is used as a tool to help the client to visualise and give detailed descriptions about how the future will be different (de Shazer, 1988).

Once a clear vision is developing, we explore *exceptions* to the problem and discover what is happening already when the problem is not there or is perceived to be less present. This helps give the client insight into what they are already doing and helps increase confidence to possibly do more of this or build on those behaviours. Sometimes clients are unable to identify exceptions to the problem so asking about coping can help with this. Coping questions such as "how have you managed to keep coming to school every day?" are used to check for tools they already have. Conversation around coping reminds clients of the strengths and resources that they possess. When they are weighed down with a problem it is often difficult for them to see or acknowledge what they have achieved despite their situation. Through inquiry into how they are coping, resources that often include other people are brought to their attention.

Scaling is built-in to the session and clients are able to indicate on a scale from one to ten when the problem has been at its worst, where they are now and where they would like to be (De Jong & Berg, 2013). Usually ten is the best possible rating but not where clients actually choose to aim to be. Ten is often "ideal" but not that achievable in reality for most clients and they opt for a good enough

number to aim for. When I was first introduced to the use of scaling I loved the concept and felt then that it was a great way to elicit responses from clients, especially reluctant or hesitant ones. Initially clients can give useful information just by stating a number rather than having to explain or discuss things. My adolescent clients so far respond well to scaling, although I have colleagues that have come across clients who strongly dislike the use of them. The use of scaling questions then allows for the eliciting of more detail from clients about behaviours, support and resources as well as being an aid to track progress for the client. If a client has been at a lower point on the scale the utilisation of the scale can be helpful for them to realise that they have managed to improve or at least prevent getting worse and that they already have mechanisms for coping. The use of scaling is very effective in constructing a picture of what the client will be doing as well as providing a starting point for them to begin to take steps in reaching their goals. Scales are also implemented as a measure of the likelihood that the client can achieve these changes.

Throughout the first session, there are opportunities for *problem-free talk*, even with clients who are feeling very depressed and upset. This can occur at any time as I tend to include this problem free talk when it best fits the overall session. It may be after a long description of the problem when a client is appearing despondent or it may be nearer the end of the session when talk about coping, resources and exceptions has been unsuccessful in soliciting details about their lives outside the parameters of the problem. With all my clients, I like to find out what they do for enjoyment and relaxation time. What their favourite activities are, who they like to spend time with, if they play music or sport and other general questions that helps me get to know their strengths and also the resources they already have access to. Often this information can be the key for them to recognise ways that can help progress them towards their goals.

It is not uncommon for my school-based clients to request some specific resources to assist with problems that they have not dealt with before such as insomnia or anxiety. In these instances, I will

offer a choice of options that other clients have found helpful and from those we discover what is likely to work for the client.

To end a session, I will usually offer a summary of what we have discussed as far as goals and steps or actions that a client has decided they will put into action. On occasion clients bring problems that take extensive time to discuss and there is not always the time in the first session to completely unpack how the client is going to take steps towards their goals. In this instance I will negotiate a *between session-task*, or homework that they can do if they feel they can (Hanton, 2011). This will be based on the information clients have revealed about their goals, strengths and exceptions. It is often a task of observation or noticing. For example, *"I'd like you to notice what you are doing in class when the teacher is not picking on you".* A client can choose to do this or not, and completion is not explicitly checked on as it is in a classroom situation.

By the end of the first session clients will often have a plan in place of something they are going to try doing more of or differently to reach their goal. As mentioned earlier, this may be the only session a client attends, due to not needing any more, and therefore it can be valuable for clients to be able to leave with hope and confidence in their own ability and resources to overcome the problems they brought.

Before completely ending the session clients are given an *SRS form* to complete and a few minutes are put aside for discussion about this. I have found that the overwhelming majority of clients offer little in additional feedback and rate the elements on the form around a nine or ten. In the case of the research participants, this time was extended further so that discussion could take place around the additional expectation question.

If a client wishes to return for subsequent sessions the appointment will be arranged at this point and then class passes, and any other administrative tasks are completed before they go back to class or to their break time.

Data collection methods

Each counselling session was audio recorded as was the interview following each session. Notes pertaining to the counselling session were partly completed during each session and finished once the participants had left. The SRS forms completed at the end of the counselling are also part of the research data. After each session I also gave myself time to write reflections about the session interviews before seeing any other clients. Throughout the research, including analysis, a reflexive journal was kept. In its most basic form reflexivity is the practice of considering our impact, as a researcher, on the research. It is about paying attention to conscious and raising awareness of potential unconscious underlying values, expectations and beliefs held by all parties in the research setting (Bager-Charleson, 2014). Bager-Charleson also notes that journaling throughout the research provides a source to trace the progress of the research. This is an opportunity to give validity to the research that cannot be achieved through replicating it. I positioned myself as the researcher when interviewing each participant at the start and end of each session, throughout listening to the recordings, reading the transcripts and analysing the data.

Ethical considerations

Ethics approval for this research was given by the Educational Research Human Ethics Committee (ERHEC) at the University of Canterbury, New Zealand. (Appendix A) Permission to complete this research was obtained from the Head of Counselling and informed consent was obtained from the school principal (Appendix B). Student participants and their caregivers (for those under 18 years of age) also gave written informed consent for their involvement in this research (Appendices C and D).

Because I was undertaking this counselling research within a school environment there were a number of ethical issues to consider.

Whilst all counselling carries some psychological risk, in undertaking this research I was committed to the fundamental ethical principle that a counsellor is expected to do no harm. (NZAC Code of Ethics, 2015) The NZAC has guidelines around researching counselling practice and in relation to participant risk state "*When research purposes may conflict with counselling purposes, counsellors should ensure that the counselling relationship is given priority*." (NZAC Code of Ethics, 2015. 11.4) This research was not experimental and maintained normal counselling processes. I ensured that counselling was always privileged over research and had the research compromised the counselling in any way, the research would have ceased.

Important to my own values in counselling is the respect of clients and their autonomy. Freedom of choice in taking part in this research was essential. Potential participants were not approached individually and instead an invitation to participate was presented in the open forum of an assembly. Participants were not met face to face prior to counselling or research commencing which also reduced the chance of any sense of coercion to take part.

A high level of trust in maintaining confidentiality was required by the participants as they are members of a vulnerable population. Firstly, they are young and still at school and additionally, they are in some cases seeking help with issues related to their mental health. Confidentiality was guaranteed and the use of pseudonyms was intended for all participants. These have been removed due the possible identification of participants through gender. Any references to other people, places or events that may identify them have been changed or disguised to maintain confidentiality.

Because this is practice based research there is an additional relationship to consider that is not so clearly defined in the counsellor-client situation. Although that relationship remains there is also the researcher-participant relationship and both these relationships are there for different reasons. In a counsellor role there is an assumption of expertise whilst as a researcher I was hoping to discover and required collaboration. The NZAC code of ethics values research in order to inform and develop one's practice. At the same time, it is vital that the dual relationship is acknowledged, that both relationships are based on trust and respect and that power differences are at least acknowledged in the relationship.

The requirement for parental consent was an ethical issue that I grappled with in this research and I feel it is likely that this requirement acted as a barrier to participation in this research for many students. If students are able to make a decision to consult with the school counsellor, without parental knowledge or permission, then I believe they should also have the capability to decide whether to participate in counselling research without parental consent. My original application for ethical approval requested the removal of parental permission for any participant aged 16 years or older. I still hold the belief that this would have been ethically responsible on a number of grounds. Especially pertinent to this research and the setting of a secondary school is the right for a 16-year-old in New Zealand to consent or refuse medical treatment as well as the right to leave school and leave home (Youthlaw.co.nz). Many of the situations where a 16 is old enough to give consent are significant life choices and that right is upheld unless the person is deemed incompetent to do so.

Because counselling in a school environment is a confidential process without the need for parental consent, creating a requirement for parental consent for the purpose of this research compromises the client's sense of confidentiality at the outset. Often counselling is the pathway to opening communication between parents and adolescents, however asking for consent beforehand removes the young person's right to privacy about their engagement in a therapeutic process to which they

have a legal and ethical right. Lastly, the Post Primary Teachers Association (PPTA) uses the NZAC code of ethics as the School Counsellor's Guidelines. Section *5.5-Informed Consent* states: "(d) Counsellors should respect the rights of children: to receive age appropriate information and to give consent on their own behalf, commensurate with their capacity to do so."

The UC ethics committee eventually approved this research on the condition that parental consent was gained for all participants under the age of 18 years of age. Informed consent was obtained from participants and their parents, if required, before the research and any counselling began. Giving consent did not bind participants into remaining in the research and they were able to withdraw consent and discontinue with research participation until the analysis was complete. Participation in the research was not a pre-requisite for counselling and regardless of whether participants remained in the research, they continued to have access to counselling with myself or another counsellor.

Trustworthiness

Rigorous and trustworthy research is defined by the ability of the research to show validity and reliability. Qualitative research can be valid and reliable however there is the likelihood that meanings will change when the occasion changes (Bager-Charleston, 2014). Rather than using the terms valid and reliable Lincoln & Guba (as cited in Kline, 2008) selected the use of the term trustworthiness and the elements of credibility, transferability, dependability, and confirmability as being more applicable to qualitative research. Qualitative research does not seek to provide generalisable results and this current research, whilst it may have value for other counsellors, is specific to my own practice.

There is coherence of purpose in this study and the entire project utilizes a consistent epistemological perspective (Kline, 2008). A well-defined research focus was developed and specific questions for research were constructed from that focus. To allow readers to apply findings to their

own settings I have provided specific, rich detail describing recruitment of participants, consent, procedures and data collection methods as well as data analysis and results. These all act to facilitate the substantiation of the findings (Cresswell & Miller, 2000). Multiple sources including transcripts of audio- recorded counselling sessions and interviews, SRS forms, researcher notes from the sessions as well as research journal notes and researcher reflections have contributed towards a rich and detailed compilation of data.

Furthermore, selection of participants was equitable and equal opportunity to participate was provided. Exclusion was only on the basis that pre-requisites that were important to the research focus, were not met. Variables such as participants' family structure, life experiences, education or ethnicity have not been considered in this research. Because of this, procedures can be replicated although results are likely to be sample specific (Bager-Charleston, 2014).

As the value of the data in this research comes from the voices of the participants, I became increasingly aware of how important the questions I asked in the interview process were. Davidson and Tolich (1999) suggest that consideration is given to the questions and whether they accurately reflect what the research is looking for. My initial approach was to have very open questions to avoid shaping the participants' responses. Reflecting on the unexpected responses given after the initial two interviews I determined that a more uniform set of questions to include during the interview process was a better and more trustworthy approach. These included questions that could be asked of all participants with the actual questions used being based on the responses provided by the initial pre-session interview. This ability to be flexible and adapt the questions used in the interviews has allowed for greater consistency in the data.

Throughout the data analysis I was careful not to take excerpts out of the contexts in which they were originally embedded. After initial coding and analysis, the data was shared with my two supervisors along with my initial interpretations and theme development. Their feedback was

valuable and allowed me to progress and refine the data with the reassurance that their interpretations were consistent with my initial analysis. The sharing of the data, codes and themes was not done solely in an attempt to gain collaboration and agreement in the coding and theme generation but in order to arrive at greater clarity in how these might be presented. Braun and Clarke (2019) state that quality thematic analysis is not about being accurate or reliable, rather themes are created through reflexive engagement in the analytic process. Meeting with my supervisors and a peer once the final analysis and findings were complete gave me confidence to add additional subthemes to better reflect the data and allow the themes to be more accessible to the reader.

As discussed in ethical considerations, there was a dilemma inherent in playing the dual roles of counsellor and researcher. In addressing the overlap, I established a clear plan that was effective in assisting both the participants and me to be able to distinguish the two roles. Often in practice - based research the researcher is manipulating the counsellor role in some way to investigate what impact or response this has in their client. Alternatively, they are inquiring into a process involved in a part of their practice and what this does for the client. This research is slightly different in the respect that the data is not gathered from the actual session but from the participants' responses before and after the session. Since the individual experiences are based on what happened for the participant, any manipulation of the session as a researcher should emerge in the data.

In the months prior to data collection I had noted in my research journal that my practice had altered in response to the literature and anecdotal accounts of first session experiences and therapeutic alliance. I was spending time at the start of a session with more sharing about myself, problem free talk and giving opportunities for alliance building before proceeding with my usual first session. I had recognised this change and reverted back to my usual practice before data collection commenced.

To help address the issue of acting in a dual role during the research component, journaling and reflective writing was utilised. This brought to my attention the distinctive role and potential influence of being the researcher of my own counselling (Bager-Charleston, 2014). Having conducted and experienced the counselling session myself I recognised reactions within myself to responses made by some participants that would not have occurred if I was purely the researcher. An example of this is when a participant expressed how their expectation to have had some solutions or things that they could do outside the session had not been met. I knew that we had developed some actions and steps to make towards their goals within the session, but to them the solution building had not been explicit. Using the journal to reflect on this after this session and throughout the research has supported my understanding of the processes I use and fostered a greater sense of objectivity in this research.

In addition to consultation and meetings with my academic supervisors at the University of Canterbury I attended clinical supervision every three weeks. The utilisation of both forms of supervision helped reduce researcher bias as well as challenge any assumptions I made during the research.

Data Analysis

The audio recordings of the pre and post session interviews were transcribed verbatim. Data analysis was completed using thematic analysis based on Braun and Clarke's (2006) six step framework and informed by an interpretive inquiry. Interpretive analysis aims to offer insights into how a given person, in a given context, makes sense of a given phenomenon. This is a good fit for this research as I proposed to discover how adolescents experience their first session in SFBT. Braun and Clarke's approach is intended to be fully qualitative and emphasises researcher subjectivity and reflexivity as a resource in data analysis (Clarke & Braun, 2018). Thematic analysis focuses on identifying patterned meaning across the data and is suitable for research questions about individual

experiences. This involves a rigorous process of data familiarisation, data coding, theme development and revision. “A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set” (Braun & Clarke, 2006 p. 82). As I did not have an existing theory going into this research I approached the data with an inductive approach. This allowed my data to determine the themes rather than having themes to fit the data to. Through familiarisation with the data by means of reading and re-reading the transcripts, recurring features (codes) were identified and highlighted. Originally there were 17 different codes. Once the codes were developed, they were examined and clustered in order to generate categories that were later formed into the themes. Braun and Clarke (2019) note that themes are analytic outputs that are actively created by the researcher following interpretation and coding of the data.

The research questions acted as a guide to this and not surprisingly some of the themes align closely with the interview questions. The themes were then reviewed, defined and named as well as given a detailed analysis. In due course one of the original codes containing large amounts of data was reviewed and reorganised into two of the final themes. “The process of writing definitions can confirm whether there is enough depth and detail for each theme to stand alone as a key chapter in the analytic story” (Terry, Hayfield, Clarke and Braun, as cited in Willig & Rogers, 2017, p. 22). Through the writing of the findings, the themes were reviewed again, and the data gave clarity to more accurate themes. Within the themes there are subthemes that enrich the data and help clarify key points that I feel need to be made clear to the reader. These emerged from the data during the process of analysis leading to the identification of the themes. I would have presumed that subthemes would emerge from the original codes, however I found instead that they originated from the participants’ words in the data. For example, the theme of *Barriers* was generated directly from an original code. Within that theme the data showed there were practical influences as well as

misunderstandings about counselling. *Barriers* were associated with not believing that problems were big enough, worry about counsellor expectations, judgement from others and time constraints and these are now the four subthemes. Six main themes emerged from the data and these are presented, along with the subthemes, in the following chapter. The final stage of the thematic analysis is the discussion. This combines the data and findings analysis in relation to the research question and existing literature.

Chapter Five: Findings

How do adolescents experience their first-time solution focused counselling session in a high school setting?

- What are adolescent expectations in a first-time counselling session?
- What do adolescents see as important in first counselling sessions?
- How does my solution focused practice meet adolescent expectations of a first counselling session?

Analysis of participant transcripts revealed 6 key themes and 18 sub-themes. They are:

Theme 1: Prior Expectations

i. What will happen?
ii. Qualities of the counsellor and the environment
iii. Prior expectations-Client learning or improvement
iv. Prior expectations-influences

Theme 2: Meeting Expectations

i. Expecting more advice
ii. Content with the session or experience
iii. Surprises
iv. Preconceptions and hope

Theme 3: Positive experiences despite expectations

i. Concerns and worries

ii. What is important

iii. Clients' desire to return

Theme 4: Barriers

i. Understanding of counselling

ii. Practical difficulties

Theme 5: Importance of relationship

i. Relationship is important

ii. Relationship is not important

Theme 6: Client preferences are individual

i. More problem talk and analysis

ii. Promotion and accessibility

iii. Practical needs

It is not surprising that expectations emerged as key or important in themes 1, 2 and 3 given the focus of my research. Coming to counselling for the first time, the participants brought different expectations, sometimes unique to themselves. These expectations were discussed before counselling took place and many participants talked about what they expected would happen from a therapeutic viewpoint. At the start of the first session, participantsts were able to discuss what they expected would happen in relation to the structure or processes within the session. Once the counselling had concluded, each participant was asked about how their experience met with their expectations. Data for the analysis that follows is primarily drawn from those two researcher-participant exchanges. The following is divided into the two themes of prior expectations and

meeting expectations. I have used researcher in the following excerpts as I am in the researcher role rather than the counsellor role during these interviews.

Theme 1: Prior Expectations

i. What will happen?

The data demonstrates that many participants believe that they came to the first session with little expectation. Often, participants reported that they were not sure what they expected however, upon questioning they all were able to provide some detail of an expectation or belief they held about counselling. The participants all expressed an expectation that they would talk, and that counselling would somehow be helpful, with many being explicit about there likely being some advice, a solution or getting a second opinion. How they thought that 'talking' would take place differed between particpants with some expecting a session that was probing or diagnostic and others expecting something similar to a conversation. Excerpts of these responses are included later in this theme. During the pre-session interview none of the participants mentioned the expectation or thought that we would spend time getting to know each other, which was of particular interest in starting this research.

> *Researcher: And if you were thinking about what the session might look like, what was happening in the session, do you have any expectations?*
>
> *Participant 5: Maybe **a bit of talk**. Maybe back and forth and **you asking a lot of questions and me answering**…I'm not really certain. Like, back and forth kind of thing. Get an idea of what's happening, and you might ask about how things are going in my life, I don't know. I'm not really certain. Just that kind of thing.*
>
> *Participant 7: No but like. No not really. I don't really have any expectations.*

This participant had a clear idea of what counselling would offer.

Researcher: Coming into this school counselling experience, the first session, what are you expecting will happen?

Participant 6: Um. I'm expecting that I will discuss what is happening in my life at the moment, everything that is worrying me, bothering me, stopping me from like, living my best fullest life. And then, like, finding different ways to overcome different problems and things. And like, see things from a new perspective, sort of. And just, like, working together to make myself feel better about certain things and.. yeah.

ii. Qualities of the counsellor and the environment

This subtheme illustrates client expectations about the qualities of the counsellor as well as how the counsellor might help them and others. The following excerpts are responses from two participants, with the first being a continuation of the second participant above. After transcription, I noticed that my use of the word "imagine" may have had an impact on the way they answered the question. It appears as if it opened the opportunity for them to put themselves into the situation and to describe the attributes of a counsellor and their ability to help, rather than how the session would run. The difference between the words 'imagine' and 'expect' may not be hugely significant in this case, although using the word imagine could have allowed the participants to broaden their explanation of expectations.

Researcher:. And is there anything that you imagine would happen in the session specifically?

Participant 6: Not really, just a whole lot of talking I imagine. Um, (pause) I'd expect for there to be a ***positive environment*** *where, like you know,* ***everything I say is totally cool****, and like,* ***no problems are too small****, and* ***no problems are too big****, like* ***everything can be dealt with****.*

Another participant:

Researcher: Coming into counselling for the first time, what do you expect would happen, what are you expecting will happen or imaging would happen?

*Participant 7: I would expect the counsellor to, like, be **really calm** and be **optimistic** about people and that they should aim to **help everyone** no matter what. No matter what situation they are in. And um, (pause) I mean, sometimes it can be, um, I think they try to **relate to you**, about like, how daunting some people may find it. Yeah. That's about it.*

The participants' expectations of a counsellor is one of a calm, helpful and relatable person who creates a positive environment. Within that environment the counsellor is thought to be non-discriminatory, and without judgement around what participants and other clients might talk about. As well as working with the client to assist in them feeling better it is expressed that all problems, regardless of magnitude can be helped in counselling.

iii. Prior Expectations- Client learning or improvement

This sub-theme is about the expectation that attending counselling would helpful or offer some learning for participants. This would involve talking and listening and some input similar to a conversation. The next excerpts show how the participants anticipated that the session would be helpful with some learning or improvement for them.

Researcher: Ok. If you were to describe the session without it having taken place, is there anything that you can imagine…the process of what will happen in the counselling session?

*Participant 2: Mm. Ah. Maybe me, like, telling you about certain issues and then you like **listening and then giving input when needed**. Just like, yeah, **just like a conversation** or maybe **me talking**. I don't know. (laugh)*

And:

Participant 5: I feel um, I don't know, I'm not really sure. That's why I was really intrigued to give it a go and I don't know what it's got to offer and who knows it might be ***really helpful for me in the future****. So yeah (laughter) I don't really know. It's probably mostly the extent of it. Maybe coming to* ***talk about stress*** *or maybe an uplifting experience* ***to help people be peaceful or in a good state of mind****, which I have a fairly good one. But I think it's still interesting to come in* ***and learn about ways****, that it's ok to feel like that sometimes, but* ***find ways to help yourself improve*** *so that you're not feeling that way as much. I don't know. Yeah.*

iv. Prior expectations - influences

The subtheme of influences emerged from participants talking about expectations that did not necessarily fit the reality of counselling but had been established from exposure to images or discourse within their environment. The second participant in the above excerpts, came from a place of genuine discovery and offered their own perspective on how counselling could fit with them. This same participant also revealed that their expectations were shaped by external media sources, including television, when responding to the initial research question- What do you expect will happen in this session?

Participant 5: I'm not completely certain, so it's kind of just what I've seen ***online or on tv shows****. People go and they are maybe talking about their problems, opening up a bit, kind of getting things off their chest. Like having* ***a professional opinion*** *on it.*

Other participants also responded in a way that indicated that their expectations may have been influenced by the stereotypes that are formed through social media, as well as more traditional forms of media including television and movies. One participant uses the word *stereotypical* when

explaining what led to surprise about the session. Also exemplified in this subtheme are two participants who recognise that their expectations of the session are linked to messages in media with the use of the words *TV, TV shows and movies*.

These participants respond to the question: Coming to counselling for the first time, what do you expect will happen in this session?

> *Participant 3: Goodness me. I literally have no idea because obviously I have never been to one before. I guess just sit in a chair and **people ask you questions** about stuff and sort of **just pick away**. I really have no idea.*

And

> *Participant 4:**.** Um well, yeah, I wasn't too sure, um, I wasn't too sure if it would be a sort of, was if **you ask questions**, just general questions that I answer or you sort of, say, talk about something. I wasn't sure, I guess, which one it would be. So, I guess basically unsure, if that is an um, but yeah, I did expect something along the lines of talking about something and then at the end, or near the end, **giving advice or strategies**, I guess. So then, first talking about something or just, I said, in general asking questions, like sort of you **probing things** and then finding out stuff and then **chatting at the end about advice**. That's the only idea I have about it. Not too sure. (laughing).*

The use of the words 'pick', and 'probing' give the impression that the intention of counselling is to uncover things and draw things out of the client that might not be easy to obtain or that the client doesn't know are there. The portrayal of this psychoanalytic style of therapy is what is commonly seen on screen, including the 'therapist's couch' and the tapping into the subconscious to uncover repressed memories or feelings.

The previous excerpt also highlights a common expectation that as a counsellor, I will give advice. Again, giving advice is a practice that is portrayed in media yet is not an embedded part of counselling practice. Indeed, on the Home page of The New Zealand Association of Counsellors (NZAC) the first point that is highlighted is that "counselling is not giving advice".

> *Researcher: Coming to counselling for the first time. What do you expect to happen?*
>
> *Participant 1: Um. Maybe for you to **give me advice**, um, or for you to just to **explain your perspective** on any issue that I might bring up. Um yeah, it's kind of, I would come to counselling just to hear **a second opinion** on maybe something that I could do to change things or to help with my wellbeing. So just like advice maybe.*

Before the counselling session all the participants expected that talking would take place and that the counsellor would be helpful, with advice or solutions to their problems. The counsellor would be calm and approachable and work with them without judgement to solve all problems. Many of the prior expectations appear to have been influenced by external sources such as media.

Theme 2: Meeting Expectations

As part of my research I added a research question and scale to ask after the Session Rating Scale (SRS), in line with the structure of the SRS: "*This session met my expectations for a first counselling session*" (Appendix F). The ratings given by the six participants indicated that the session had met their expectations. The scores for four of the participants were a nine or ten, indicating that their expectations had been well met, while for two participants the scores given were an eight and a half and a seven. What the following data show is that the participants gave a very high rating for 'meeting expectations' even though they had significant factors that they anticipated would be there and were not. These factors contribute to the subthemes within the theme of meeting expectations. Enquiring about the scores for the participants who gave an eight and a half and a seven, they

explain that expectations were not completely met, although they had found the session to be a comfortable experience. Participants expected more time, tools and strategies than what was experienced and rated their experience accordingly.

i. Expecting more advice

When inquiring about how their first session met their expectations the adolescent participants gave responses about expecting more advice. In my experience from working with this age group in a school setting, sometimes advice is what they would like, and they are used to receiving advice from teachers and other staff. As a counsellor, if I am doing my job effectively I should be listening to my clients' needs while also balancing those needs with how I deliver best practice. Often, the way those needs are met in counselling is not always how clients envisaged it would be done. In expecting more advice from a session some adolescent participants are indicating that this experience of counselling was different to what they expected. In addition to expecting to receive advice, participants thought that the session would include more in the way of tools and resources being given by me.

Despite addressing a number of the following participant's concerns and developing solutions within the session, this participant felt that to meet expectations we would need to address the problems separately at the end, again seemingly needing to fit the counselling discourse portrayed in society.

> *Participant 4: We've sort of fit my - what expectation I had of questions and strategies. Um, I guess it was an interesting experience, if that helps, because I've never been, obviously, before. So, it was a different type of experience. Like, sort of just randomly talking about - this seems odd, you know, like, kind of you're a stranger, kind of thing.*
>
> *Researcher: Yup, um, did you have an idea of what you would like to happen?*
>
> *Participant 4: I'm trying to think. I guess, ending with, after you've talked with* ***strategies and advice*** *and things like your exercises. So, what I'd like to happen, the only thing I'd probably say*

*is, ending with the whole, um, you know, giving things like 'so **how do we fix this**?' sort of thing. Yeah, so instead of talking about and then being finished, sort of talking about it then also talking about how to help, yeah.*

Immediately following the interview, I had noted my interest about this in my journal. I thought that the co-construction of solutions and ways that the problem could be less was clear to the participant. Was it that they expected to be given the answers rather than working together on solutions? Reviewing the counselling session again a number of weeks after it was recorded, I felt that the work we had done in the session was more apparent than I had remembered. Certainly, this is my perception only and it was indistinct for the participant what progress and solutions had been generated. To offer some perspective on how this particular session progressed I have included segments of the session as well as descriptions that attend to some of the remaining session. This is not typical of all sessions as they are different based on the client and their needs. However, it does demonstrate the progress towards solutions and how the participant's thinking progresses, rather than me instructing them what to do. I have used C for counsellor and P for participant throughout this example as my role here is as the counsellor.

C: What would be helpful to talk about today?

P: A few things. Life in general and friends and stuff. Like family is all good and hobbies are all fine. Probably future, mindset, probably. It's probably more a mindset thing we need to talk about rather than a specific "this has happened kind of thing".

We then discussed the term mindset and confirmed that it was a change in mindset around friends that they were wanting. They had experienced some wanted change in friendship groups and feeling distant and conflicted about their old friends. Two of the old friends had been in their life for over four years but the dynamics had changed. The reference to the old friends primarily focused on one

of them. When they did catch up, this participant got caught up in over thinking what the relationship used to be and what they could be missing if the relationship was left alone. Throughout the conversation they spoke their own version and recognised what a changed friendship might mean for them.

P: Last year I wanted a new group… I've got the group I wanted but I'm not content or grateful with what I have. I should be more content and focus on the friends I do have.

Just because I was really good friends with them doesn't mean I have to be now.

C: What would be important to you if you resumed your friendship with them (old friends)?

P: Still talk but it's my feelings about it. Probably need to have less contact and be content with where the friendship is now.

C: What would need to happen for you to be content?

P: I say we could be great friends again, but I don't think she's been great this year. I don't actually think that being good friends would be the right thing, so, I think the right thing would be me being more distant and being content with that would be the ideal thing.

The dialogue moved to how the friendship has transitioned over the last four years and how it is still changing yet they continue to have good conversations.

C: What would that mean for you if it (the old friendship) stayed how it is now?

P: I don't mind that. I know that friends can change, and I think I am too focused on friends and who is friends with me. I have made it about that with a big focus on who my friends are. 'What does this friend think of me' and stuff like that?

The participant has made a change in their thinking at this point and is okay if nothing changed about the friendship. Soon after this I gave a scenario where the two of them were at an event or a place where they only knew each other.

C: Tell me what would happen if it was just the two of you?

P: We'd probably get together and have a really nice time. It would be fine. Then the next week I don't hear from her and I would be like "oh no", she doesn't like me.

As it was really about her thinking around the issue, which she had alluded to earlier, we talked about how an adult friendship often looks just like that. I suggested that often friends can go for a long time without seeing or contacting each other and when they do meet up, they pick up from where they were without a problem. This was not particularly solution focused but psychoeducation. After this she agreed that it makes perfect sense and would try to remember that.

Following this the participant spoke about why she changed friends and the qualities and improvements for her as a result of the change. Subsequent to this there was a shift in her mindset around both sets of friends.

P4: Probably if I focus on that (the good things in her new group) and relaxed into it more and realise what I have, and that I don't have these other 2 people that aren't even that great I'd probably be a lot happier with the friends that I have.

C: And how can you do that?

P: Um, yeah. I don't know. I guess try not to...when I see them once a week or so, we have a chat for a few minutes and I'm like "we're such good friends" and then I get all reminiscent. So, I don't know.

C: When you are getting all reminiscent…(interrupted)

P: I very much live in the past.

C: What could you do in place of that?

P: Well you can't trust what you are reminiscing as you only remember the good times. Maybe acknowledge that there can still be good times just different than what was in the past…

We spoke about keeping the experience in the present and acknowledging it for what it is now, rather than making comparisons to the past, and looking forward to the next time. Checking with the participant confirmed that we were both understanding how this might be helpful.

P: Yeah, yeah that sounds good…. (they then gave their own versions of how that self-talk might look like).

C: Does that sound like something that might be helpful or you can try?

P: Yeah. And also, not having the urge to look into old conversations. There's no advantage to doing that.

The participant had mentioned that they would like some tools, so we spent some time talking about the use of mindfulness to bring us back into the present as well as some breathing exercises to help with that. During the session the word grateful was used often and some time was spent looking at using gratitude in addition to allowing acknowledgement of how things are now.

What I was concerned about when coming back to this recording later was that I had missed giving any clarity to the participant about what we had achieved. Surprisingly, I had given feedback on the shifts that occurred during the session and had checked in with the participant as to the likelihood of them being able to make some of the changes. Using scaling they indicated that they felt that they were at a 7 out of 10 in confidence to change their thinking and be more present. They also believed that by the end of school, in about six weeks, that it would not be an issue.

During the completion of the SRS the participant vocalised their thoughts as they filled the form in.

P: You know I really did like what we did do today. It's different to ranting to friends, yeah. I like the exercises and techniques like the breathing.

C: Is there anything you would have liked to do differently?

P: Maybe, more of the specific techniques. Things you can do, physical things.

C: What else?

P: In a short amount of time you can't go into the full detail of everything. I guess longer time or several times talking about things. Obviously, you can't know all the full…can't know every detail of someone's life but, yeah, more time going into detail.

ii. Content with the session or experience

When participants had expectations about a session that were not strongly connected to their hopes, they were accepting of the actual outcome. Even though they had certain expectations, participants were content with the way the actual session had transpired even if those expectations were not met.

Researcher: How did your expectations for the session fit with what actually happened?

*Participant 2: Yeah, **I think it fit pretty well**. Yeah, I thought it was just advice giving, me mainly talking. But like, yeah, I think it - I expected me to talk more. I think, Yeah. Which is like, I don't know, **It's good. I like it** - it's like a conversation, which is nice*.

Researcher: So, you wouldn't have wanted to talk more? Or?

Participant 2: Mm, probably not, yeah.

When participants had expressed few or no definite expectations before the session it was understandably easier to meet them. No expectations can also mean low expectations, however, this participant had expressed their feeling that the session was a good one, not that they were satisfied with a poor experience.

> *Participant 3: I really came into this thing with like, no expectations. When, I was like, I'm just going to talk and that's it.* ***And I talked, so all my expectations were met****.*

iii. Surprises

Participants arriving at the first session meant they were carrying concerns or ideas about what might happen or how the session may function. Some of these ideas or beliefs are clearly barriers for adolescents and are presented later in the chapter. A number of participants carried typecast ideas about how the session would run or what may occur within the session. These were not voiced specifically as expectations or barriers but more as beliefs or probabilities about what they had imagined it would be like. Ideas about humour, being impersonable and intrusive were expressed when discussing whether anything had surprised them about the session, as illustrated below.

> *Participant 7: Yeah,* ***it was the humour****.* ***I didn't expect laughs****. It was* ***relaxed****. Normally the image of counselling is, like, an uncomfortable session, one on one. Yeah,* ***it's stereotypical that it's uncomfortable.***

And

> *Participant 5: I don't really watch much TV but from what - I don't really like it - but you see in movies, like, a little bit of a counselling things and they're always, like,* ***strict, very un-personable*** *- I don't know. But I feel like the way you approached it - I wouldn't change it.*

and

*Participant 6: I think you were probably **less intrusive than I expected**, which is good, very good. Um, I think, just the way you approached questions and stuff, and the way you presented yourself. You're like kind and inviting, like, it felt really comfortable to be here. Like, maybe not so much surprising but, like it's, like a bit more **different to what I expected**.*

iv. Preconceptions and hope

In response to my question about how the session had met their expectations participants expressed how it did or didn't meet these for them. The data from the adolescent participants shows that there is a difference between expectations and hope. Although they all had some sort of expectation before counselling took place, whether those expectations eventuated seemed to have little impact on how they felt about the session overall. What the participants expected to happen was based on a mix of their preconceptions of the counselling experience and what they hoped would happen. How the session met what they hoped for was reflected on differently to meeting their expectations of the session. Adolescent participants tended to state that expectations were generally met, especially if they came with few of them. When participants presented the most positive opinion about how the session met their expectations, it was when it had realised their hopes.

After asking how the session met their expectations, participants were asked if there was something they would have liked to have happened. The following example shows how their hopes, not discussed as an expectation at the beginning of the session, had been met.

*Participant 1: Uh, not really that I can think of. I mean, giving solutions to - and ways to deal with it is **what I wanted to happen**, and I got some of those. And that's definitely good and **that's what I was hoping the outcome would be**. And I think the good thing is, though technically I already knew that, it's good to have it reinforced.*

Theme 3: Positive experiences despite expectations

Participants conveyed the impression that they had in some way, benefited from attending this first session of counselling. They described finding something helpful, useful or important to them in the sessions regardless of their expectations. These positive experiences were shared in response to asking how their expectations were met. In their responses they had focused on how they had found the session in general and there was less talk about what was missing from their expectations. In other words, they had taken notice of what was good, rather than directing attention to what might have been missed.

> *Participant 3: **There's really nothing I would change**. Like, yeah, **it worked for me** kind of thing, so it's all good. **I feel very comfortable**. For me, I guess there's something about a person not knowing, they don't know who you are so they're not going to judge you.*

i. Concerns and worries

For some participants the expectations that they came with were not very appealing and there was relief that the session had been different to the expectation. This was the case when a participant had brought media portrayed versions of counselling with them.

> *Participant 5: I feel like **what you see in maybe TV shows** or whatever, they're a lot more - **asking very prying questions** as such. But **you're more open about things** and you kind of fed off bits of information that I'd given you and asked a little bit deeper about it, **which I felt was like a really good approach** - good approach to asking.*

A common thread amongst these adolescents was one of worry. Although they were asked about their expectations at the start of the session, things that were causing concern or worry about attending counselling were rarely brought up at that point. These concerns came through after the session when discussing how their expectations were met. Participants were also asked if anything

had surprised them about the session and if something they thought would happen didn't. Once the adolescents had experienced the session their fears had been extinguished and they were able to acknowledge that they were there to start with. Participants felt that they had been part of a much more positive experience than they had led themselves to imagine.

> *Participant 6: Um, yeah, I kind of had this feeling, like, I - basically I've been having like slight motivation problems, like, the only reason why I went now was because it's important for your research or whatever. But I didn't go earlier* ***because I felt like if I went, the counsellor would be like 'Oh, you could've done this' or, like, 'You could've had this state of mind' and I was worried I'd feel like 'Oh my god, I'm such an idiot,*** *why didn't I see things from that perspective before?'. Like, yeah. Um,* ***what happened instead was just hearing things from my perspective being acknowledged.*** *Like, I'm not an idiot and everything I feel is valid, yeah. Which was, like, so* ***nice to hear****.*

The participant who held a prior expectation and worry that they might just have to talk describes how their actual experience of the session fits.

> *Participant 1: Um,* ***it was actually okay****. I mean, I think* ***I did end up doing quite a bit of talking. But it felt guided****. I - I felt like I had some direction on the sort of things I was talking about and how to keep to one topic. And, I think, I did end up talking, technically - not technically, maybe a bit too much about certain things than I necessarily wanted to, but I think it was - yeah,* ***it was good.***

After looking at the SRS response from a participant, which was a ten, the participant stated that the session was perfect. I acknowledged that they felt that it met their expectations and asked if there was any comment they could make about that. Before the session they were not able to state any clear expectations but did think it would involve a lot of questions from me. Later in the post

interview stage they expanded on that and explained how they were worried about what I was like and expected more prying types of questions.

Participant 5: ***I really enjoyed it. I feel like it was really helpful****, I feel a lot lighter than when I came in. It definitely feels like that, it's kind of made me more present, I feel like. Because sometimes you know how you can feel like, like you're just floating around or whatever. Or, you're not really, just, there in the moment.* ***I feel a lot more grounded****.*

ii. What is important

In discussing their experience of SFBT counselling it was common for these young participants to comment on what was important to them within the session. Some of these factors include being listened to, having control over what they say in the session and being able to vocalise to someone else what is going on for them. The data show that these components are important to the adolescent participant as their overall evaluation of the session is based on them, rather than on whether or not their expectations were met.

Participant 5: It was, like, very really nice and you ***felt like you were really listened to****.*

Participant 6: I feel like, sometimes, like, in my head, a first counselling session would be like them sitting down being like 'Right, so tell me about your problems' and it's just, like, 'I'm having a terrible time right now'. Yeah. Um, but knowing that, ***I feel like you did it a good way****, like,* ***slowly going into everything****, especially with that form, like, being able to say, here's all my problems and, like, here's everything in my life and being* ***able to have control over what I wanted to say.***

Participant 2: ***It was good just to talk it out rather than just having it in my mind.***

Remembering why I undertook this research I was reminded of the anecdotes from adolescents who did not wish to return to counselling. They were basing their decision about whether to continue counselling or see a school counsellor in the future on what they had perceived as poor first session experiences. As the data has revealed, whether expectations have been met is not as important as how the actual experience was for each participant. This includes a positive experience that has helped alleviate some of the negative expectations including fear, worry or concern. Participants have brought with them some underlying expectations or hopes which will influence whether they find counselling a good fit for them. These are not expressed in the discussion about expectations but are brought to attention through the descriptions of how they found the experience overall.

iii. Clients' desire to return

Participants who had come with concerns about negative actions such as probing questions, serious or boring interactions and being judged or told what to do, then experienced something better. With the reality of the first session transpiring as a pleasing experience, all the adolescent participants expressed their openness to consider returning in the future. Some of the participants returned in the following weeks and some decided it would be helpful to return later when the need was there.

> *Participant 1: I'm - I think it could be good. Yeah.* ***I think it could be good to have another session*** *just to work through a few things because as we were saying before****, it does take time to open up a wee bit.***
>
> *Participant 2: I'd be interested in coming another time- it hasn't scared me away from coming another time,* ***it's actually made me more, like, eager to and give it another go****. So, I don't think that there's anything that I'd change.*
>
> *Participant 5:* ***I'd be more than happy to come every week****, to be honest.*

Further to the discovery that counselling is more agreeable than they had thought and something they would be happy to continue with, some participants also realised that accessing counselling early on would have been even more helpful. Despite having questioned the validity of need for themselves, adolescents were able to recognise how leaving things until they were really bad was also not a great idea. They acknowledged how seeking counselling earlier could prevent problems escalating to the point that they were no longer manageable.

> *Participant 3: Like, just the smallest, the smallest little thing that showed me that – okay, you don't need to be absolutely terrible****, if something's just a little off, we do something about it early enough, it's not gonna change and end up in that bad bit****.*

> *Participant 7: It can be for anyone. Doing this session has made me realise that****. If I had known that I probably would've come earlier.*** *Um, I probably would've, yeah****, before it got too hard****.*

Theme 4: Barriers

Undertaking this research to explore adolescent expectations and experiences of first counselling sessions, it had not occurred to me to look at what preceded the decisions to attend counselling. In reality that would be a completely separate and probably quite large research undertaking. Because I had not foreseen the discussion about this with participants, I had not included specific questions about reasons for not accessing counselling earlier in the research interview questions. It is also the case that many students go through school without the need or consideration to attend counselling. Regardless, most of the participants brought up factors that influenced why they may not have been to school counselling earlier. Some of these were related to their understanding of counselling, which is closely linked to expectations, and others were more practical reasons. These are the two subthemes that make up this theme.

i. Understanding of counselling

a. Problems aren't big enough

As none of the participants had attended school counselling before, they had varying and often little knowledge of the counselling process. A noticeable component of this was the belief that their own problems or issues were not serious enough to justify coming to counselling in the first place. This was despite all the participants bringing real, and often, significant problems to discuss. In my normal practice, following the first session, clients are asked if they would like to return for another appointment. In the case below, I had enquired whether the participant wished to come back for a further session. The question was asked after I had finished both the interview questions and discussion about their experience, yet they still had concerns about the issues they had being valid enough for additional counselling.

> *Participant 1: I assume that **the problems I'm having are nowhere near as dramatic as a lot of other people**. I guess one thing I would think is**, I don't really want to take time away from people who really need the counselling.***

The following participant expressed their perceived need to have bigger issues in order to meet their stated expectations of a session.

> *Participant 3: I feel like people go through counselling when there is **a very serious issue**. Like I said, for me, a rock bottom kind of thing. Like if I was rock bottom obviously that would be something like, not depressive - well **depressive**. For me personally **if I was coming back it would be because I have an issue**. So probably coming with **a very big problem** that needed to be solved.*

In discussing what their expectations were before the counselling session started, this participant said:

> *Participant 6: One thing I've always thought about counselling is* ***that the problems I'm having aren't big enough to even need help with****. So that would definitely be something that would* ***stop me in the past*** *for coming. The fact that it's for research as well as just general counselling, it's the only reason that I would come now. I feel that it's not just about me.*

b. Worry about counsellor expectations of clients

Participants had certain expectations or hopes for the session, but also came with a fear that there would be certain expectations put onto them. The possible discomfort and nervousness about this happening were a result of not understanding the counselling process. A participant's response to my questioning whether there was anything specifically that they would expect to happen as far as the structure or how the session would be set up was:

> *Participant 1: I don't have any expectation about that because what I was worried about was that it would just go straight into talking myself and* ***I wouldn't know what I was meant to talk about or what I was meant to say****. So, that's…I guess that's the thing I was worried about. That there wouldn't be any structure and there would just be talking.*

For first timers, what is going to happen in counselling is a foreign entity, and so is the person who is the counsellor. It is this unknown that can be a barrier for potential clients. Despite my appearance and talk at assembly for recruiting purposes, this participant nonetheless had some apprehension about the counselling process and the counsellor.

> *Participant 5: Oh gosh, I'm coming here.* ***What if she's scary?*** *I was a little bit nervous but more of not* ***knowing what was expected from me****. Well I kind of did, but like,* ***knowing what to expect*** *maybe.*

After experiencing the first session, participants indicated that any fears that they previously had about coming had been eliminated and that they may have come earlier if they had known.

Participant 7: I've never thought of counselling sessions as this sort of thing. I originally thought of counselling sessions as, like, this ***boring****, you know, thing that you just have to* ***do when you're like really sad*** *and so. But* ***it can be for anyone,*** *I realised.*

Researcher: And so, by doing the session you realised that?

Participant 7: Yeah

Researcher: Would you or do you feel that if you knew that, you would've come to counselling earlier?

Participant 7: Um, I probably would've, yeah.

ii. Practical difficulties

a. Judgement from others/social stigma

It emerged that one of the biggest barriers for students was the concern about what others may think about them attending counselling. This included the risk of being seen going there, the discomfort of returning to class and being asked questions by other students or teachers, as well as having lingering, noticeable evidence of emotional upset from the counselling. Underlying these observable factors there was a stigma or negative meaning associated with counselling and the possibility of judgement from others.

This participant explains their reluctance to come to counselling at school.

Participant 2: ***If I cried****, I don't really want to* ***go back to class****. I think that's why I've been* ***putting it off*** *for a while. Maybe, like a few years. Because I kind of never wanted to see it at*

*school just because I didn't want to like exit crying with my **face super red and my eyes swollen. Going back to class and getting all these questions**, you know? You don't really want that.*

The two participants below illustrate the fear of being seen due to the social stigma they feel.

*Participant 6: Um, I did feel like, in the corridor when I was waiting to come, I did feel like, 'oh my god**, what if someone comes in and they see me** and it's a counselling session?'. I did feel a bit like **awkward** that way.*

*Participant 4: When I was walking my way here, it was like 'Oh my god**, I hope no one, like, stops me and asks me where I'm going'**, like, I know counselling is - and recently I've noticed a lot of people have been talking about, like, going to therapy and going to counselling and talking about their issues in mental health week and stuff like that. But I still feel like **there is a bit of a stigma around it.***

These participants are open about the stigma attached to counselling or therapy which they feel is communal within the school environment. At a time in their lives where much of what adolescents do is influenced by the attitudes of others, their beliefs around others' thoughts are significant. These concerns are also important to note if addressing the issue of how counselling services are made more accessible in schools.

*Participant 1: But like, everyone I feel, when you come to a place like this, outside**, everyone sort of judges you.***

*Participant 7: Many people think that **if you go to the counsellors that it is a bad thing**.*

The participant below demonstrates awareness of both the barriers to them accessing counselling as well as their newly formed awareness of the benefit of overcoming that.

Participant3: I feel like there's a massive – probably the reason why like, I was sort of like 'oh, I'm only going to come to the counsellor if something's bad'- ***is that stigmatism*** *about, like, it's a place you go when you need help. But it's like, you can* ***have help for the smallest thing and it's going to change your life completely.***

b. Time constraints

Time constraints combined with a reluctance to miss out on classes was the other significant practical issue in making access to counselling more difficult. All the senior-school participants involved in the research chose their first appointment time to coincide with a study period or lunchtime. Those who chose to have a second appointment also stated that they could only come at these times. There was genuine anxiety displayed from one participant who was going to get to their next class five minutes late. The concern was not that they would get in trouble, as they would have a note, but that they could miss important work or information. For all of the senior-school participants, the question of missing a whole lesson was too much to consider for them. The time for attending counselling, even if it were for problems affecting their school performance, was given a lesser priority.

This participant was typical of responses when making an appointment.

Participant 1: I'll just get my timetable out because, ***only study periods*** *really. Friday, I don't have study and Wednesday I have study last, so* ***that's not preferable****. So, the week after this?*

Another participant related to both the barriers of other people knowing as well as using time.

Participant 2: I think the fact that all school counsellors' stuff is done within school hours means either ***missing out on social time, missing out on class time*** *or, and both of those mean some*

other people will know about it*. I think that might be a reason* ***why people don't want to go in the first place.***

Theme 5: Importance of relationship

The importance of the client - counsellor relationship emerged as a theme after I had explained the purpose behind my research. When discussing the expectations that the adolescents had of this first session, none of them suggested 'getting to know each other' or me 'introducing myself' or 'talking about my life and background' or anything similar. There was also no reference to these actions when inquiring how the session had met expectations or hopes or even what they would like to happen. Most had not noticed or mentioned that they didn't know me, even if in their later responses they thought they should. Wondering about developing the relationship with adolescent clients in first sessions was a significant aspect for me in choosing to do this research.

As I had received no comment on this, I decided part way through my second end of session interview to add in an additional research component. I explained to my participants what had led me to do this research. After hearing this they responded with their view about the client-counsellor relationship. Surprisingly, this explanation had to be included for all participants as when we had reached the end of the original questioning, not one had mentioned that this was something that was preferable or important. It was clear that they all had personal opinions about the importance of the relationship with the counsellor and those opinions were not consistent with each other. For that reason, this theme is in two subthemes: 'Relationship is important' and 'Relationship is not important'.

i. Relationship is important

Participants who expressed a desire to have better knowledge and understanding about their counsellor did so with the proviso that the problem was large or particularly sensitive. They felt that

in order to be able to open up and share details related to more serious things they would be helped by knowing a bit more about the counsellor. There was a feeling that a session would provide solutions that were more individualised if both the client and the counsellor had time to get to know each other better before getting into why they were there. The reason they had not really thought about this until prompted was because the problems they had brought on the day were not as serious or sensitive. They thought that the responses from me in their first session, including being heard, supported and validated, were enough to allow them to be open.

> *Participant 4: Um, I mean, me personally, I didn't really feel - oh, I don't feel- that uncomfortable with it. I can see - I can understand and still see why people would kind of thing, so no, I don't know why but* ***I'm not that uncomfortable talking about it****, I just feel fine talking about it. Yeah. I guess if it was something more -* ***if I had a problem that was more, like, more uncomfortable to talk about****, then I might be a bit more hesitant, I guess. Maybe it was just the nature of the problem that's probably not that hard to just say. It's not too, you know what I mean, like, weird or serious or anything.*

This participant responds to me asking if knowing more about me would make a difference. They also acknowledge that it was not something that they were even aware of that might be missing.

> *Participant 7: Um, I think it would make me* ***feel more comfortable about sharing my experiences, like...and problems****, I guess. Uh, I think it would be, like, a closer, um, I think it would just make me more comfortable and stuff. Yup, to have a* ***bit more time getting to know each other to start would be helpful****…I didn't think of that. It's really weird, like, people say it then you realise.*

Although learning more about each other was considered useful, for some participants, time is the best way to feel comfortable in a new situation. The relationship naturally builds with time and so

does the level of trust and the sense of ease. It is once this level has been reached that they can open up about the issues that are really important to them.

> *Participant 1: If I were to disclose something like that**, I would want to know the person** and I would want to **take time over it** rather than - rather than having to reveal anything straight away because, ah, nothing I've talked about is something I feel really insecure about. But there are **things I feel really insecure about that I would need time** and I would need to feel more comfortable to discuss them. And I didn't really go into any of my personal relationship problems that I have with people. I probably could of, and I didn't really feel comfortable doing that at this stage and I imagine other people would have the same issue. **They don't feel ready straight away** to go into it.*

ii. Relationship is not important

In contrast to needing to get to know the counsellor better a number of participants responded that it was not really necessary. Under the theme of positive experiences, a participant implied this sentiment when they said that they felt they were less likely to be judged if the counsellor did not know them. Participants that did not see that it was important to know more about a counsellor often compared getting to know the counsellor well to being like a friend. This was not what they wanted in someone they were to discuss problems with at a professional level.

> *Participant 6: Mm, no. I mean, I understand that the counsellor is a professional that you, **it's probably better that you don't know everything about their lives**, and like they don't know everything about your life either. So, I think, yeah. No, nothing I'd change. Just like, it doesn't have to be but usually **it's a professional relationship** and stuff. Cause **if you want it to be more like friends, then you might as well just kind of talk to your friend** about your problems.*

Another participant expressed how they felt that it was awkward to say, 'straight off the bat', here's my problem and everything that's wrong. They felt that over time they would just build themselves up to say it. At the same time, they didn't believe that knowing more about the counsellor or developing a better relationship over that time would have helped in being able to disclose.

> *Participant 2: No. Because I feel like, with the counselling, like, for me personally, I'd rather have* ***someone that I can just offload to my feelings*** *and if it was someone, like****, with a friend, I'd feel like slightly more awkward*** *in that way. Like, I can see how that would work for some people but for me that's just not really my thing. Like, for me, friends are not there to offload your feelings to, they're there to deal with their own lives and stuff and, like****, counsellors are there to, like, help you.***

After explaining the reasoning behind my research, I asked this participant if, after hearing that, is there anything they would like done differently?

> *Participant 5: Eh, not so much. I feel like* ***I got a good idea for your character and talking to you is very comfortable*** *and I am a very open person. So, I don't think there's anything I'd change.*

Looking at the data it became clear very quickly, that adolescent participants had split opinions about what is going to be the best fit for them: get to know the counsellor at a more personal level or, I don't need to know the counsellor more. This was after the first session and these opinions could change over time in a longer counselling relationship. They also had different reasons for their views, and these were varied within the two preferences they had. It emerged for some, that despite not wanting or needing a better personal relationship they did feel that after a number of sessions that they would be able to talk about the more sensitive information. After further sessions, clients are going to know a little more about the counsellor, even if it isn't the counsellors' personal details,

and rapport will build. It is going to be extremely difficult for clients not to pick up on qualities like a sense of humour, care, helpfulness, empathy, understanding, and trust through simply being part of the counselling process. Although they felt comfortable in this first session, most agreed that it would take additional sessions until they felt they could completely open up. Working with a solution focused approach does not always allow for this extra time and presumes that clients could leave a single session on the path towards making positive change in their lives.

What clients may need in order to open up, if that is what is most helpful, may simply be a continuation of the qualities currently shown by me in a session, however, for others it may involve additional relationship forming, at a personal level, including sharing more about myself. The data shows that the preferred way of getting to this stage is one that is personal and varied between each client and requires an individualised approach.

Theme 6: Client preferences are individual

Before volunteering to be participants in this research, these adolescents all knew that I was looking specifically at what their experience of a first counselling session in a school was. Through reading the consent material they also had noticed that I was interested in their expectations. Because of this prior knowledge they had been given the opportunity to consider what that meant for each of them and the responses they gave were not necessarily the first thoughts that had come to them about the counselling process. It is very likely that they had thought, not only about the expectations they had, but also what they hoped would happen and what they would like in or from a session. The data in section ‘Meeting Expectations’ has indicated that the hopes they brought and whether they had been met, did have an impact on how they found the session overall.

After discussion about how expectations were met, participants were asked whether there was something that was missing from the session or could be done better. They tended to give quite

varied answers including practical requests and ideas and how the actual process or session would have been improved for them. I present these under the sub-themes: More problem talk and analysis, Promotion and accessibility and Practical needs.

i. More problem talk and analysis

Adopting a solution focused approach does not mean that clients are not given time and space to talk about the problems that brought them to counselling. My assumptions from listening to the anecdotes before undertaking this research, were that adolescent clients needed more time for "problem talk". Although I was carrying that assumption, I found that my reaction to a participant stating they wanted more problem talk was one of surprise. Although problems are not the intended focus of a session, I had always felt that being client focused, I would allow adequate time for clients to communicate their problems. Using the SRS at the conclusion of a session is a way for clients to indicate that things could be improved, although at times I feel that clients are not being completely genuine in their responses and are cautious in giving low ratings. The participant below, gave a seven and a half on the SRS scale for how the session was overall (not the expectation question). With further discussion it evolved that they had wanted to address another two issues that we had left no time for in the first session. At the time of discussing the SRS, they did not give feedback about wanting more problem talk. This only emerged when I had asked what would make the session better. The session was very similar to most first sessions where the concerns indicated on the ORS (Outcome Rating Scale) form are prioritised and the client chooses where they would like to start. In this case it appears that they would have preferred to talk about all the concerns in this first session, with more problem focused questions from me.

*Participant 4: I guess, potentially some **more questions directly about what problems** people may be having would be good. Just to, uh, **identify what the actual problem** areas are rather than what people think their own problems areas are. Do you know what I mean?*

There were also wishes that give the impression that again, the participants are greatly influenced by what is presented in the world they interact in. This participant expressed their desire to be able to find a cause for their problems, in the way that a psychotherapist or psychiatrist might do.

*Participant 1: For example, often - I'm not sure this is specific to me- but often, you don't realise what the actual issues you're having are. They could be something from what you're expecting them to be. So, there might **be something underlying** from what you think it is, but there's actually **another reason underneath** that.*

Researcher: Yeah, and do you think that could be you? Is that…

Participant 1: Um, potentially. I don't know though, that's the thing.

*Researcher: So, you'd like to - ideally it would be good if you could **delve into what was causing** your perfectionism and all those things. What's underlying all of that, is that what you mean?*

Participant 1: Yeah, yes, that's what I mean.

ii. Promotion and accessibility

The stereotypes of how counselling or therapy function have an influence on how clients and potential clients assume the process will be. Combined with this is an unfamiliarity of how counselling works. Generally, in a school situation there is less promotion about the process and services than we might find in a private practice. In the schools I have been employed in I have never seen the brochures, or promotion, that you have access to in a non-school situation. One participant,

who had not visited the counsellor as part of the year 9 checks, pointed out that the school situation is like a mini community and it was different to going to see a counsellor who was independent. Through taking part in this research they had discovered that counselling was something good and open to everyone and they offered up some ideas about how counselling could be more accessible in school.

Participant 7: 'Cause many people think that if you go to the counsellors, it's a bad thing. Whereas it's actually supposed to be a good thing. You're realising that ***you're asking for help and that's a great thing.***

Researcher: How would you change that?

Participant 7: It really is, it really is difficult. Cause, if it was easy then it would have been implemented ages ago. Um where it - it would help if you, like, ***talked to the students****, like****, in assembly*** *or something? And then* ***people would know you****. People would be like 'Oh, oh yeah'. If like, people wanted to know you and if people knew the background of you then it would be more* ***easier and comfortable for them*** *to talk about them. So, if you went to assembly and talked about it then people would be like - they'd know you, at least a little bit. Then they'd go.*

Other participants that had not had the contact in year 9 also believed that having that contact would have helped in breaking down the barriers and stigma of coming to counselling. More importantly they felt that each student would have had the experience themselves and therefore it would not be a case of going into the unknown.

Participant 6: I feel like that could actually kind of help, like, Year 9's being able ***to know that this is a safe place to talk about whatever you want to talk about*** *and, like, having them carry it through all the way to Year 13.*

Once the session and the interviews were over, I invited the participants to email me anything that they may think of afterwards that they felt was important or could be useful. One returning participant had thought about this and offered ways that they thought would have made things better before coming for the first time. This was without knowing what other participants had said yet addresses some of the needs that have been expressed whilst acknowledging it would not suit everyone.

> *Participant 1: In the initial email it could be good to have something like **a biography** about the counsellor just to let you know a little bit about them. And something I might have found helpful is some **suggestions** about the sorts of things- you might want to discuss **what the counsellor can help with**. What **problems they can help you get through**. Personally, I would think in the initial **email** but once you get there it might be good as that is something you can talk about too. Maybe even **a form that is optional to fill out** so you can have as much or as little as you want just to give some details about the **things that you're wanting to talk about**. Something I find helpful too is to, to talk about...it would make me realise and think about what I want to discuss before actually discussing it 'cause it makes you process it a little bit first. But that would be, once again, **probably an optional thing**. Because some people would want that, and some people would not.*

These suggestions contribute toward better preparing the client for the first counselling experience. A biography and information about counselling services may ease the barrier of not knowing that participants mentioned. Having a form to complete beforehand is suggested as a way to prepare the client for the session and to prioritise what is important to discuss. This participant acknowledges that these are personal preferences, especially the form filling out.

iii. Practical needs

When asked about how things could be better some participants gave responses that reflected more practical wishes. Some of these could easily be incorporated into my own future practice while others were beyond my control. Likely and helpful changes suggested were access to tissues (which are actually in all rooms) and ice packs "to help fix the puffy face from crying". One participant would have liked a bed or couch to lie on as well as a bigger room. The room we were in at the time is extremely small and not indicative of most of the rooms in the department or of any counselling office I have seen previously. It is a fair and valid request and something I am always mindful about when in that space, as many people can feel uncomfortable in an enclosed space, especially with a stranger.

Other participants really felt that it would be better for them to have some tools or exercises to take away or refer to later. This was also noted earlier when addressing how the sessions had or had not met the expectations of the participants and a participant expressed the desire for more exercises to do. A better or more helpful session for this participant would be achieved with something they could access electronically.

> *Participant 3: Um, maybe, like, some **online guides**, like, some, **websites** I could follow- I could go onto for some more in-depth research, maybe, to look up how to find help with why I came.*

This participant had not told me that they like to read when looking at what they enjoy for themselves during the counselling session but made books a suggestion. We were able to laugh about them forgetting this, afterwards.

> *Participant 7: Having **more tools** would be helpful. Maybe, like, maybe even **books to recommend** maybe. 'Cause sometimes I read books to relax as well.*

Summary of Findings

Participants came to the first session with varying expectations around what would happen in the session and the qualities I would display. They thought that as well as being caring and accepting that I would be able to help with all problems and they would gain something beneficial from counselling. Even when expectations were not met participants found the session to be pleasing especially when negative expectations had not been realised.

Barriers to counselling were present for all participants and these included a lack of understanding about counselling and at what point it can be accessed as well as the stigma felt surrounding access. Participants did not other people in the school knowing that they were attending counselling and were wary of leaving a session with signs that they had been crying or having to justify their whereabouts. Participants also identified the pressure students are under with assessment and the tension between staying in lessons and attending counselling.

In respect to the relationship that participants require, all stated that they were comfortable with the alliance established in this first session. However, some believed that a different and more developed relationship would be necessary if they were to discuss intimate or sensitive information. Other participants felt the opposite and having less of a friend-like relationship would allow them to fully disclose.

Chapter Six: Discussion

The focus of this research has been to investigate how adolescents experience their first session of solution-focused counselling with me as the counsellor. Underlying that focus was the question about whether there is something that happens or does not happen in that initial session that impacts the likelihood of clients returning for further sessions. Eight participants took part in the research and had a single counselling session with me. Before and after the sessions they were interviewed about their expectations and experiences. Their interviews were transcribed, and data from seven of these participants was extracted and analysed to gain an understanding of what their experiences had been. Six themes emerged from this data: 1. Prior Expectations, 2. Meeting Expectations, 3. Positive experiences despite expectations, 4. Barriers, 5. Importance of relationship and 6. Client preferences are individual.

The research findings reflect considerable amounts of what is found in the literature regarding expectations and experiences as well as offering alternative understanding and extensions to the literature from the participants' perspective. Attempting to align the findings purely within SFBT theory and literature became injudicious. It emerged that many of the expectations and barriers that these young people brought are not unique to solution-focused counselling but may be encountered with any mode of counselling within the Secondary school setting. These insights provide the opportunity to adapt my own practice as well as offering the potential to inform other practitioners working with adolescent clients. This chapter discusses the findings in relation to relative literature, their implications for future practice and finally the limitations of this research and future research possibilities.

Prior Expectations

Coming into counselling for the first time, participants spoke about different expectations. This supports the literature by Greenberg et al. (2006) who identify differences in treatment expectations between clients. Many of the participants' expectations in my study were based on assumptions about what was going to occur including some that were influenced by the media's portrayal of counselling. Participants all expected that they were going to talk, however, what that would look like was different across participants. Research by Stewart et al. (2012) noted that adolescents held expectations that they would be comfortable talking and would be talking a lot about their past. They also held fears that they could be forced to talk about things they didn't want to. The participants in my study, having been given the freedom to express their individual expectations also voiced different ideas about how they would talk, such as being probed or diagnosed. Another presumed we would work together which fits the SFBT approach (de Shazer, 1985: De Jong & Berg, 2013). These various preconceptions or beliefs about counselling are supported by the findings of Taylor and Lowenthal (2001) whose research suggests that the meaning of the words 'therapist' or 'counselling' is established before there is any lived experience, predominantly through exposure to various media as well as social interaction such as with friends. All my participants have access to computers and mobile devices and have plenty of opportunity to be exposed to images and portrayals of counselling and therapy. How they gain their preconceptions of what counselling looks like is worth considering, however, as media content, especially historic and current portrayal in film and TV is accessible forever, more importance must be placed on how their expectations affect their experience and overall evaluation. Nonetheless, if their preconceptions are creating barriers (see later in discussion), then knowing how these are formed may assist in challenging those for future clients.

One of the focuses of this research was the importance of the relationship in the first session and how this was expected to be established. In the prior expectation interviews, none of the participants referred to how the relationship between them and me would be established. It is difficult to draw conclusions about this for the simple reason that I have no data on what was not mentioned, however it is interesting to wonder whether, for example, they took for granted that this would happen and did not mention it. Alternatively, they may not have considered the counsellor/ client relationship as a distinct part of the counselling process. The topic of relationship within counselling is attended to in more detail in the *Importance of relationship* section below.

Prior to the start of the session, participants supposed that alongside the talking there would be questions from the counsellor as well as input to help them improve. Improvement seems a reasonable expectation given that presentation at counselling is usually because something is not going as well as the client would like it. Other research has found that one of the fears linked to adolescents accessing counselling is that the client is not going to be able to be helped or to improve (Bradford, 2018). It is reassuring that the expectations that my participants were able to share were positive and hopeful as there is large support in the literature that positive expectations about therapy success leads to better client outcomes (Noble et al., 2001; Glass et al., 2001; Dew & Bickman, 2005; Constantino et al., 2011). The mention of talking and helping was common amongst the participants, however, the response common to all of them was not really knowing what to expect. Through the data taken from the interviews that followed the session it emerged that participants had held additional expectations or beliefs, and these are discussed below.

Meeting Expectations

Qualities of the counsellor and the environment

Descriptions of counsellor qualities included expectations that the counsellor would be helpful, caring and calm whilst being able to relate to them, create a positive environment and show optimism for all clients. Whilst participants had not specifically stated any expectations about the client-therapist relationship, they had articulated clear expectations of qualities that would be present for a good therapeutic alliance. Multiple sources of literature identify the significant contribution of therapeutic alliance to the likelihood of positive outcomes (Zilcha-Mano, 2017; Miller, Duncan & Hubble, 1997, & 1999; Ardito & Rabellino, 2011; Wampold, 2001 & Jones-Smith, 2016), and there is widespread agreement that listening, responding and acknowledging the client with genuineness will allow the alliance to occur (Miller, Duncan & Hubble, 1997). If adolescent clients are coming to counselling with these expectations around alliance, it seems likely that it is not getting to know each other or sharing about ourselves that is the element that some find lacking in counselling, but rather the qualities that are necessary for the formation of a good therapeutic alliance.

Participants expected that through talking about their worries and what is happening in their lives the counsellor would help them overcome the different problems. This aligns with the findings of Midgley et al. (2016) in relation to young people's expectations of therapy and presuming to talk without judgement and discuss what was bothering them. In contrast, other participants in their study expected a more clinical session with a diagnosis and programme of treatment to cure them. Remarkably, statements from my participants showed an expectation that the counsellor could help with all problems regardless of magnitude and that everything could be dealt with. Comment was also made that participants would expect the counsellor to help make them feel better, although this could be connected with the assumption discussed below that they need to have big problems or be

quite down (depressed, sad or miserable), to access counselling in the first place. Participants' expectations reveal that the understanding of the counsellor's role is somewhat exaggerated. Coming with an expectation that exceeds reality could contribute towards a negative experience for clients. Clarifying for clients the parameters of what can realistically be achieved in counselling might help in establishing realistic expectations of therapy gain.

Wanting more advice

Before the session a participant spoke about the expectation of receiving my advice and opinion about their problem. As mentioned in the findings, regardless of the approach used, giving advice is not considered a component of good practice in counselling (NZAC). The difficulty arises through the dominant discourse of the privileging of adults knowing more and better. In the school situation where clients are used to seeking advice from their parents, peers and teachers, they likely see the counsellor as another adult source of wisdom. SFBT challenges these norms with the expectation of client expertise and knowing. Following the counselling other participants brought my attention to their unmet expectation of obtaining more advice and also tools from the session. This aligns with Lloyd and Dallos's (2008) finding that participants were disappointed not to have received advice in their SFBT sessions. Contrary to that literature, participants in the study by Knight et al. (2018) linked the counsellor giving advice, to a negative experience and a poor rating of the counsellor. Practicing SFBT in its purest form does not allow for advice giving and sessions are set up for the clients to discover their own solutions (Hanton, 2011; De Jong & Berg, 2013). In conjunction with that, it is also important to consider what the client states is best for them as SFBT practice assumes that they are the experts in their lives (de Shazer, 1985). Another way to view this is that giving information is not the same as giving advice. Fine & Glasser (1996) make the point that advice belongs to the giver and it will either be taken or rejected. Information, on the other hand, belongs to the client, to use or not

to use, however they choose. Based on participants' responses, if wanting advice or suggestions on how to manage issues is what the client needs then it must be taken into consideration and may be best delivered as information.

The participant who requested that the session ends with solutions and "how do we fix this" had not noticed the solution building within the session. It would be normal practice for me to re-cap what had been discussed, especially any tasks or steps that had been agreed on within the session. The participant's comments highlight that this had not been done explicitly enough for them in this session. There were small achievable goals and steps towards those were co-constructed within the session and it seems that the participant needed a more formalised revision to finish on. Discussing what was achieved in every session will make it clearer to clients how progress has been made and also will act as a reminder about the task(s) that were co-constructed within the session. A fundamental principal of SFBT is that change is constant. De Shazer (1985, 1988) reminds us that only small changes are needed to notice a difference but that clients may not realise this and think that problems are immobile. In the case of my participant, there was no awareness that what was achieved within the session comprised solutions and the start of this change. Often sessions run to the bell and the finish can be rushed. Paying more attention to the time in every session will help ensure there is opportunity for a formal summary in every session. As well as better practice from me there is the influence of this participant's expectations that has impacted on their experience of the session.

Content with what happened

Regardless of the expectations mentioned by participants they all expressed contentment with the experience of the session. Missing elements that they expected would be there did not seem to impact on their overall rating or impression of the experience. This differs to the research findings of Miller (2009) who found that first session experiences that matched expectations were rated as

more helpful. Exploring the data in my study I noticed that it was less likely that expectations were being met and instead it was a match between hope and the experience that determined the satisfaction of participants. In fact, participants that had negative expectations, such as being asked very prying questions, having to talk about things they were not ready to, or the session being very serious or being judged had even more positive experiences. The solution focused approach, which is void of probing and examination of the past is identified by Murphy (1996) who suggests that the present and future focus of SFBT is an excellent fit for schools. There is a gap in the available literature that considers the impact of both negative and positive expectations on experiences and in my study, the participants were able to explain how the lack of presence of their concerns had been a relief.

As well as the reduction or elimination of worries or concerns there were elements that participants considered to be an important part of the positive experience. Being listened to and having control in what they say, as well as being able to get things out of their heads were some of the examples given. This finding supports the literature that suggests that adolescents prioritise these factors when engaging in therapy (Gibson et al., 2016). The findings from my study also suggest that the opportunity for young clients to have autonomy within the session is a component that makes SFBT an ideal choice for use in the school environment (Williams, 2000; Murphy, 1996).

Barriers

While there remains a gap in the literature about adolescent experiences linking to expectations, the impact of negative expectations or perceptions about therapy and the barriers it creates in accessing help is well documented (Owens et al., 2002; Gonzalez et al., 2005). As mentioned in the findings it

was an oversight of mine not to have considered the influence of barriers to accessing counselling. One of the shared perceptions amongst the participants was that they did not have problems substantial enough for counselling. This finding supports what is established in the literature which found that the inability to recognise symptoms, or poor mental health literacy was a common barrier to counselling for young adults (Gulliver et al., 2010; Nearchou et al., 2018).

Another barrier and cause of nervousness was the participants' ignorance of what was expected of them, of how the session would, run, and also about me, the counsellor. This supports the literature that notes that concerns about the provider, as well as not understanding the services available created fear and made accessing help difficult (Gulliver et al., 2010).

What was of interest was the regular reference to stigma. Participants discussed how mental health is now openly talked about in society and the media, yet at an individual level it is still taboo. Students that I see in my day to day practice rarely talk about their own mental health issues with their friends unless they know there is some history for the other person or that they are confident of their friends' reaction. Talking with their parents is even less likely. The participants in my study talk about the fear of others finding out and of being caught coming to counselling. These barriers are common in the literature, with young people exhibiting fear of judgement from others, or public stigma surrounding the access of mental health help (Bradford, 2018; Nearchou et al., 2018; Gulliver et al., 2010).

Concerns about privacy and confidentiality with participants are another recurring theme found in the above literature. At the school I was in at the time of the research every effort was made to reduce these risks of loss of privacy, yet it was still a common concern. Appointments are made via email and when students are with the counsellor during class time it is cleared on their attendance without stating that they are in counselling. This prevents parents and teachers having knowledge about the students' access to counselling. If students are not ready or in a state to return to class,

they are able to wait a short period until able to do so. Although their data was not used in this research the eighth participant, who receives counselling outside of school, stated that one of the things she appreciated was attending the appointment after school when nobody saw her, knew her or knew that she was going there.

> *"I'm sure that all the counsellors are great and what not. I'm sure it would've been fine but there was sort of some sort of fear about it and I was like, well it's easier doing it out of school. Maybe cause the environment, maybe 'cause you don't have to take time out of class and it's kind of embarrassing."*

Being involved in this research gave some participants a reason to attend counselling; "it was to help with the research", and this enabled them to overcome the barriers. Participants commonly expressed how their fears had been removed throughout the session and as a result they would be happy to return, some even wishing they had been earlier. The problem with these barriers is that potentially they may be impacting many students' capacity to access help in the first place. By delaying getting help, problems can become more severe and often barriers appear even bigger as mental health worsens. How these barriers might be reduced is addressed later in this section.

Importance of relationship

When asking the question "what do adolescents see as important in first counselling sessions?" I had intentions of discovering how the therapeutic alliance and working relationship was best attended to. It has emerged that factors such as being caring, listening, allowing clients to have control in what they say and reducing fears were priorities for participants. These factors are in line with those identified by Crocket et al. (2015) as well as Gibson et al. (2016) who also found that being heard was

cathartic for their participants. None of my participants made a specific comment about the relationship between them and me. Based on the feedback I had received from young people before this study I felt it was important to inquire specifically about the relationship, especially the aspect of getting to know each other. Participants had different views on the importance of getting to know each other as well as varying rationalisations for how come they felt that way.

For participants who felt that knowing more about me and building a relationship would be important, there was a condition that this was necessary for larger or more personal problems to be discussed. The complicating factor in my data is that when participants explained how the deeper relationship would be needed for them to disclose insecurities or vulnerable information, they actually spoke of building rapport and taking time over things rather than knowing more about me. This aspect of rapport building is supported in the Gibson et al. (2016) study with participants acknowledging that the presence of humour and counsellors being "real", and imperfect contributes towards their engagement with these services. However, in contrast to their study where most of their participants prioritised a personal relationship more like a friendship with their counsellor, around half of my participants made it explicit that this was not what they wanted. Being able to just offload with a minimal risk of being judged and not seeing a need to know everything about the participants' life were explanations given for not needing a closer relationship. One of the tenets of working in a SFBT way is that we do not need to know all about a client or even all about their problem (Hanton, 2011; De Jong & Berg, 2013; de Shazer, 1985, 1988; Metcalf & Connie, 2009) so the participants' reasonings are a good fit with my SFBT practice. The preference of a purely professional relationship further supports Wettersten et al. (2005) which found that there was no correlation between a successful outcome and alliance in SFBT. Worthy of note is that relationship and alliance are similar and can affect each other but that they are not equivalent. Despite Wettersten et al.'s (2005) findings noted above, a therapeutic alliance is important in counselling for

other reasons such as gaining trust and creating an experience that clients will be comfortable to return to. This is supported in both my study and the literature. However, it is complicated by the need or desire mentioned by participants to be able to talk about their problems, be heard and acknowledged and have some advice or tools for dealing with them. Likewise, one way we build the therapeutic relationship is by finding out about the client's life outside the problems and this alliance is built on and adapted as therapy progresses (Horvath et al., 2011).

The findings show that participants believe that self-disclosure and being vulnerable about problems is what is expected in counselling. The difference between participants is in what they stated they need, with some being very clear that they felt it should be and remain a professional relationship. I am curious about whether they would have the same opinion after completing more sessions. I am not privileged with that information, however, I am presuming that the relationship would change due to the progressive development of the therapeutic alliance. It is unknown, for now, if participants would come to appreciate that change in relationship or if they would prefer and attempt to keep it purely professional.

Client preferences are individual

Prior to this research I heard from students who had just wanted to offload and be heard and some of the literature validated this. Being able to offload without judgement in a confidential setting was valued by the participants in the Gibson et al. (2016) study. Regardless, I was still surprised by the request for more problem talk. My way of practicing may not invite the in-depth problem discussion that this participant, and some clients are looking for. Although problem talk is not the focus of SFBT I do believe that what happens within a session should be the best fit for the client and problem talk can provide opportunity to discover strengths, ways of coping and resources.

The wish for underlying causes or reasons for issues to be addressed was not unexpected. This connects with the stereotypes and discourse discussed earlier in relation to prior expectations and fits with the view that children or young people may come to counselling with stereotypical perceptions of therapy (Prout et al., 2015). Prout et al. suggest that the counsellor may simply need to educate clients about what therapy is and is not. This so-called traditional, and typically pathologizing approach to therapy was also recognised by Gingerich & Wabeke (2001) while they attempted to support the introduction of SFBT as a more strengths-based method into schools. Using more diagnostic methods slowed the progress for students and having a label attached to their problems added to the effects of stigma from others.

Through experiencing this first session all the participants acknowledged that if had they known what it was like and how it could be helpful, they would probably have accessed counselling earlier. There was agreement that students in the school who were involved in the year 9 checks had an advantage as far as prior knowledge and experience of counselling, even though it was limited. By having previous exposure to counselling the participants believed that it would have made access easier for them. This influence on access and overcoming barriers is supported in the literature such as Gulliver et al.'s (2010) research. They note that having a positive previous experience will increase the likelihood of accessing help in the future. The opposite is also true, namely that a poor experience will create greater barriers to further access.

Participants in my study made other suggestions about how to make counselling more accessible. One of these was promotion of the counselling services throughout the school. This would involve both education about the services available but also the counsellors themselves. Through expressing these ideas, I developed a sense that these barriers in understanding had existed for the participants despite some not stating this explicitly. Participants shared that a helpful tool would be that peers were open to talking about good experiences of counselling or as they put it "student voice".

Bradford (2018) comments on the powerful effect, both negative and positive, of peers' previous therapy experiences in breaking down unhelpful barriers. The difficulty with peer voice is there is still the perceived stigma to overcome before young people are going to feel comfortable stating that they have accessed our services. Put perfectly by a participant; "If it was easy it would have been implemented ages ago".

Summary

This research aimed to explore what adolescent expectations and experiences in a first-time counselling session are. Completing this research has reminded me that although I am informed by a theoretical approach, how I practice is based on what the client in front of me brings and requires. Skovholt & Starkey (2010) argue that practitioner expertise is like a three-legged stool by which research, practice and personal experience combine to inform our practice. We cannot view therapy as a method of treatment that is applied, as the client is "a living, thinking human being who is very much a part of the two-person dance of therapy" (Skovholt & Starkey, 2010, p. 125). Although clients may be unclear or unable to express their expectations, all new clients arrive with some expectations and exploring these might be beneficial in our work together. Going into a new situation, in this case counselling, can be uncomfortable for anyone and it is common for participants to arrive "not knowing". As part of my own personal development in my final year of the Master of Counselling course I attended some personal counselling sessions. I was astonished at my own reaction as I approached the counselling reception and waiting area. Suddenly I was self-conscious and aware of the perceived stigma attached to counselling and mental health. My feelings surprised me as this is what I do. I am usually the counsellor, yet when the roles were reversed I was uncomfortable. I was experiencing this, despite having a reasonably good knowledge of what to expect on the other side of the counsellor's door.

What the participants have enlightened me with is a better understanding of how they feel and think when they first present for counselling in the school environment, as well as what is important for them to feel that the session is a positive and valuable experience. My hope is that with this knowledge all counselling sessions are able to promote continued access to counselling services presently or in the future. The findings demonstrate how diverse even a small population can be; even with shared themes there are multiple individual differences and preferences. I am reminded that some of my assumptions or perceptions, and those of my clients, may be shared but are never going to be 100% universal.

The data has shown that what participants expect and prefer is unique to each of them and also that there are common elements that lead to satisfaction with the first session. The key findings reflect much of the literature and suggest that the professional alliance contributes heavily to client satisfaction in counselling. This working relationship is also a predictor of returning to counselling and the major contributor to satisfactory outcomes. I have also had my attention drawn to the need or desire expressed by a number of participants, to receive advice and this might be better constructed as offering information if incorporating those requests into a SFBT practice. A SFBT therapist would be unlikely to offer information or suggestions that are not based on the client's previous solutions or exceptions (Bavelas et al., 2013).

The barriers that the participants perceived in accessing counselling were significant and have delayed the engagement in counselling for some. While considering these barriers both the participants and I have been able to generate ideas about how to attempt to reduce those, and make school counselling more accessible and timely for adolescent clients.

Implications for practice

The purpose of engaging in this practice-based research was to attempt to gain learning and insight into what my clients expect and experience from their first sessions with me. Considering the findings from my participants' experiences has informed my own practice and may be able to contribute to the practice of other counsellors in the school environment. I believe that what has been realised can be used with any counselling modality as the focus for the adolescent clients is on how they feel with the therapist, rather than the theory the counsellor uses. This is significant for me as I am integrating my practice with other approaches including ACT and the use of mindfulness. If the findings were going to be specific to the use of SFBT what I have learned would become redundant when practicing other modalities of counselling.

The research has reinforced for me the importance of the therapeutic relationship for both the client and the counsellor. Fortunately, building a good therapeutic relationship has not been an issue for me. When I am immersed in the role of counsellor I am always calm, friendly, non-judgmental, empathetic and genuine. I am able to listen without reaction and I bring humour into my work as it is part of me. The findings have also helped reassure me that building in additional time specifically for relationship development in the first session is not required. For clients who require a deeper relationship before they can open up about sensitive or deeper issues I will offer time, patience and care until they feel at ease to do this. Alternatively, through my practice of SFBT clients may no longer require a more developed relationship for disclosure about these issues as the changes they make may be enough that the initial concern is no longer a problem. One of the central tenets of SFBT is that the development of a solution is not necessarily related to the problem (de Shazer, 1985; De Jong & Berg, 2013). As with any human interaction, clients are all unique and their preferences around how the professional relationship develops are individual. I now briefly discuss relationship building with clients at the beginning of counselling and ask if they have a preferred way of working

and if they would prefer time getting to know each other. Thus far they have been eager to get started without any extra time for developing the relationship.

Accepting the findings and recognising the participants' needs for advice and tools it will be important to check with clients within the session and inquire about what they are needing or wanting from me. Norcross and Wampold (2019) support the concept that adaptations of therapy for the individual as well as the relationship and effects of each therapist (personality, approach, and demeanour) is a better predictor of improvement than the type of therapy used. Before starting counselling with new clients, I now explain how the sessions will work with a SFBT approach with the goal that clients are not expecting the answers to come from me. Within the sessions I continue to check with the client that how we are working is a good fit for them.

A valuable tool that helps with tracking the appropriateness of session experiences with clients is administration of the SRS scale at the end of sessions. Especially important is the use in the first session as this determines the future of the counselling relationship. If not using a formalised tool then inquiry with the client should be included as this allows us, as counsellors, to adapt and improve our work to ensure it remains a good fit for the client. In response to his research into client-counsellor agreement of counselling Manthei (2007) recommends that effort should be made to explore the client's perceptions throughout their counselling. Rather than presume to know such information, counsellors could regularly ask them for their views.

Understanding the barriers that exist for adolescents to access counselling I hope that I will be able to implement some change within my place of work. This will include more promotion of the counselling services and information about who I am. The suggestion that particularly caught my attention was that of emailing some information before the first appointment to explain what clients can expect when they attend. This is something I can do at a personal level and does not require the resources or commitment of additional personnel within the school.

In addressing some of the other barriers to counselling there is personal apprehension and also a necessity to gain permission to make change as it will impact on the services provided. While the number of adolescents seeking help for mental health related issues continues to grow (Macdonald, 2016) so too does the acute nature of the problems they present with. Alongside that, school counsellors are finding themselves with excessive caseloads and under immense pressure to reduce wait times and determine who the most in need of assistance are. By reducing some of the barriers and promoting counselling it is likely that the demand for school counselling services will escalate. This will create greater workload and stress on services already overwhelmed, however, the benefit should be that students are seen before problems get to a critical level. This in turn should reduce the length of time that they require counselling services and simultaneously reduce the number of students presenting only once problems are severe in nature. Eventually this would have the effect of returning counsellor caseloads back to manageable levels.

Contributions, Limitations and Future research

One of the strengths of this research is the voice of the adolescent client. It was clear from the outset that there is a lack of relevant literature that captures the lived experience for adolescent clients, particularly at the beginning of the counselling process. This research has captured both the client voice as well as an insight into what they bring to and experience in the first session. As this is practice based research I acknowledge that how I practice is unique to me, however I also believe that my findings are of interest to other counsellors and SFBT practitioners, make a valuable contribution to the current literature and have particular relevance in a secondary school setting.

Due to the small sample size it has not been possible to explore differences or the influence that culture or gender may have on expectations or experiences. The literature by Stewart et al. (2012) suggests a difference between girls and boys in their expectations of therapy and the relationship. They identified that boys were wary of therapy but more optimistic than girls about the therapeutic

relationship. Furthermore, the participants in this current study were all strongly academic and self-motivated which could have an influence on the data. Further research that is larger in size and includes these variations between participants and different counselling modalities would be beneficial and allow for generalization of the findings.

One of the frustrations for me during the early part of this research was the process to meet ethical approval. The one factor that I felt was important was to have genuine clients that had accessed counselling without any prompting from me, the researcher. Due to the consent requirements set by the university ethics committee I was faced with a situation in which clients had to be recruited. In doing so the participants in this study were exposed to the reasons for my research and any under the age of 18 had to gain parental consent. Although they all had genuine problems these arranged participants may have arrived with different expectations than the clients that present organically and without parental involvement.

At the other end of the research process I feel less aggrieved about the purity of the access to participants and now understand that the recruitment process was in fact a way to overcome a barrier for these clients as well as share these barriers with me. I feel strongly that key research outcomes would not be dissimilar had I been able to access participants in my preferred manner, however, I would encourage future research to involve clients that have chosen to access counselling without recruitment promotion which should strengthen the experience data and findings. It must be acknowledged that all the participants in this study were willing clients and another voice to consider would be that of the mandated client.

There is a gap in the data about relationships and alliance expectations in this current research. As a result, I was not able to add to or contrast the recent literature by Greif (2015) who found that high alliance expectations were difficult to meet and could lead to dissatisfaction and early termination. When asking participants about their expectations of counselling I did not include specific

relationship questions, instead I assumed, based on anecdotal conversations, that this was an important factor to adolescents. I would encourage future research to be more specific in interviewing about the relationship expectations.

The one significant group whose voice is excluded from much of the literature is the experiences of adolescents who terminated their counselling early due to dissatisfaction. While it is helpful to know what contributes to good experiences, knowledge around poor experiences is important for improvement of practice. Further research would provide better understanding to help fill the gap in the literature and discover what is missing or unsatisfactory.

Barriers to accessing counselling is an important issue and I would encourage investigation into the effect of having early exposure to the school services as one of the possible solutions. A number of Christchurch secondary schools attempt to screen or see all their year 9 cohort early in the year which may have the effect of removing the barrier of the “unknown”. I was unable to gather data on this as none of my participants had been part of this early introduction.

Conclusion

This practice-based research has offered a small glimpse into what adolescent clients expect and experience within a first-time counselling session. My research started out as a journey to discover what was important to adolescents in these sessions and if my SFBT session met with adolescent client expectations. What I ultimately established was that neither the use of SBFT or meeting prior expectations was the most important aspect of a satisfying experience. The data suggests that participants were essentially content with the sessions if they were met with and experienced a counsellor presenting the characteristics and qualities that are known to build alliance. Practicing in a SFBT way played a role in some participants not getting the advice and tools they had hoped for,

however, legitimate counselling in any modality is not about handing out advice. There is indication that this expectation was likely influenced by outside sources such as media or peers.

Unforeseen was the worry or negative expectations and barriers that these young people held about counselling. The impact of these is a significant factor in adolescents gaining or delaying access to counselling in the first place. Experiencing the session without the negative expectations being realised was a powerful influence in shaping the views held about the session. Discovering the impact these barriers have on potential clients has also offered me an opportunity to address these at a schoolwide or societal level with the aim of easier access to counselling for adolescents. Despite the high demand for counselling services in schools it is important that the students that would benefit from accessing our services are able to do so. It is hoped that this research can contribute towards improving the lives of the adolescents I am yet to meet and maybe the clients of other school counsellors.

To close, whilst exploring the wealth of literature available I came across this paragraph that seems to capture the essence of this research and its findings:

> *"Therapists are not in business to change clients, to give them quick advice, or to solve their problems for them. Instead, counsellors facilitate healing through a process of genuine dialogue with their clients. The kind of person a therapist is remains the most critical factor affecting the client and promoting change. If practitioners possess wide knowledge, both theoretical and practical, yet lack human qualities of compassion, caring, good faith, honesty, presence, realness, and sensitivity, they are more like technicians. In my judgment those who function exclusively as technicians do not make a significant difference in the lives of their clients." (Corey, 2000, P6)*

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Appendix A: Ethics Approval

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone: +64 03 369 4588, Extn 94588
Email: human-ethics@canterbury.ac.nz

Ref: 2019/36/ERHEC

22 July 2019

Maryanne Skidmore
College of Education, Health and Human Development
UNIVERSITY OF CANTERBURY

Dear Maryanne

Thank you for providing the revised documents in support of your application to the Educational Research Human Ethics Committee. I am very pleased to inform you that your research proposal "Meeting Expectations: First Session Experiences of Adolescents in a High School Setting" has been granted ethical approval.

Please note that this approval is subject to the incorporation of the amendments you have provided in your emails of 7th and 19th July 2019.

Should circumstances relevant to this current application change you are required to reapply for ethical approval.

If you have any questions regarding this approval, please let me know.

We wish you well for your research.

Yours sincerely

pp R. Robinson

Dr Patrick Shepherd
Chair
Educational Research Human Ethics Committee

Please note that ethical approval relates only to the ethical elements of the relationship between the researcher, research participants and other stakeholders. The granting of approval by the Educational Research Human Ethics Committee should not be interpreted as comment on the methodology, legality, value or any other matters relating to this research.

F E S

Appendix B: Principal Information and consent forms

School of Health Sciences
Telephone: +64 XXXXXXXXXX

Email: maryanne.skidmore@pg.canterbury.ac.nz

July 22, 2019
ERHEC Ref:2019/36/ERHEC

Meeting Expectations: First session experiences of adolescents in a secondary school setting.

Information Sheet for School Principal

My name is Maryanne Skidmore and as well as one of the school intern counsellors I am also completing my Master of Counselling at the University of Canterbury. As part of the requirements of the Master's programme I am undertaking a research project that looks at my own counselling practice. I am interested in how adolescents experience their first counselling session, especially in relation to how they thought it would be.

I hope to approach students to take part in this study by presenting some information in a year 13 assembly. As parental consent is required for students to be involved in the research, they must be aware of this before involving themselves as participants.

If they consent to take part in this study, students will be asked to undertake the following:

- Take part in a regular first counselling session of no more than 50 minutes. This first session will be audio recorded. Any further counselling sessions will not be part of the study.
- Read and sign a consent form at the beginning of the counselling session.
- Complete an Outcome Rating Scale (ORS) at the beginning of the session and a Session Rating Scale (SRS) at the end of the session.
- Discuss the result of the SRS at the end of the session.
- The whole first session, including SRS discussion will take up to 80 minutes per participant.

Participation is voluntary, and students have the right to withdraw at any stage without penalty. You, as the Principal of the school, also have the right to withdraw your consent whenever it is practically achievable. The final date for the withdrawal of data is September 30th, 2019.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: Names of the students and the school will not be made public. To ensure anonymity and confidentiality, a pseudonym will be used in place of all names and any identifying factors such as names of family or friends will also be changed in any presentation or publication of findings. Audio recordings may be used for supervision purposes however both my research supervisor, Dr Shanee Barraclough and Clinical supervisor, Bruce McNatty are bound by the code of Ethics of confidentiality.

If the recordings are transcribed by an outside party, they too must sign and adhere to a contract of confidentiality.

There is potential risk to the participants, as all counselling carries a psychological risk. NZAC ethical principles will be adhered to including doing no harm in my professional work. If there is a conflict of interest between counselling work and research, then counselling will always be given priority. If a student withdraws from the research they are still able to access counselling from me or another counsellor.

Any data will be password protected and stored in locked storage at my home for 5 years following the study. After that time, it will be destroyed. Data will be backed up on the UC server. A thesis is a public document and will be available through the UC Library. Both you and the participants will receive a copy of the findings of this research.

If you have any questions about this research at any stage, please feel free to contact me for further information.

The project is being carried out under the supervision of Dr Shanee Barraclough who can be contacted at shanee.barraclough@canterbury.ac.nz. She will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Educational Research Human Ethics Committee, and participants should address any complaints to The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree for students to participate in the study, you are asked to complete the consent form.

I am looking forward to this research and thank you in advance for your support.

Regards,

Maryanne Skidmore

Researcher

School of Health Sciences
Telephone: +64 XXXXXXXXXX

Email: maryanne.skidmore@pg.canterbury.ac.nz

Meeting Expectations: First session experiences of adolescents in a secondary school setting.

Consent Form for School Principal

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of me if I give consent to this the research.
- ☐ I understand that student participation is voluntary, and they may withdraw at any time without penalty. I may also withdraw consent at any time during the study.
- ☐ I understand that in giving permission for students to take part, the counsellor will continue to practice according to the NZAC code of ethics and as the study is confidential, they will not share details of the counselling sessions with me, or any other staff.
- ☐ I understand that any information or opinions provided by the participants will be kept confidential to the researcher and maybe seen by her supervisor. If a transcriber is used, they too will be bound by a contract of confidentiality. Any published or reported results will not identify the participants or the school. I understand that a thesis is a public document and will be available through the UC Library.
- ☐ I understand that all participants may receive a summary of the findings of the study.
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- ☐ I understand that I can contact the researcher, Maryanne Skidmore, or supervisor Dr Shanee Barraclough (shanee.barraclough@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- ☐ By signing below, I agree to allow students to participate in this research project.

Name:_____

Signature:_____ Date:_____

Appendix C: Participant information and consent forms

School of Health Sciences
Telephone: +64 XXXXXXXXXXX

Email: maryanne.skidmore@pg.canterbury.ac.nz

July 22, 2019
ERHEC Ref:2019/36/ERHEC

Meeting Expectations: First session experiences of adolescents in a secondary school setting.

Information Sheet for participants

My name is Maryanne Skidmore and I am one of the school counsellors. I am also completing my Master of Counselling at the University of Canterbury. As part of the requirements of the Master's programme I am undertaking a research project that looks at my own counselling practice. I am interested in how adolescents experience their first counselling session, especially in relation to how they thought it would be.

I would like to invite you to participate in this study. In order to take part in this study you will not have seen a counsellor in the last 12 months, except for a subject change, assessment topic or travel check, and must gain consent from your parent/s to be research participant.

If you choose to take part in this study, your involvement in this project will be to:

- Take part in a regular first counselling session of no more than 50 minutes. This first session will be audio recorded. Any further counselling sessions will not be part of the study.
- Read and sign a consent form at the beginning of the counselling session.
- Complete a Session Rating Scale (SRS) at the end of the session.
- Discuss the result of the SRS at the end of the session.
- The completion of all forms and additional discussion for research purposes may take up to 30 minutes in addition to the actual counselling session.
- Be offered the opportunity to review the transcript of your session and make changes if necessary

Participation is voluntary, and you have the right to withdraw at any stage without penalty. You may ask for your raw data to be returned to you or destroyed at any point. If you withdraw, I will remove information relating to you. However, once analysis of raw data starts in August 2019, it will become increasingly difficult to remove the influence of your data on the results.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: your identity will not be made public. To ensure anonymity and confidentiality, a pseudonym will be used in place of your name and any identifying factors such as names of family or friends will also be changed in any presentation or publication of findings. Audio recordings may be used for supervision purposes however both my research supervisor, Dr Shanee Baraclough and Clinical supervisor, Bruce McNatty are bound by the code of Ethics of confidentiality.

If the recordings are transcribed by an outside party, they too must sign and adhere to a contract of confidentiality.

Any data will be password protected and stored in locked storage at my home for 5 years following the study. After that time, it will be destroyed. Data will be backed up on the UC server. A thesis is a public document and will be available through the UC Library. As a participant you may receive a copy of the findings of this research. Please indicate on the consent form if you would like to receive a copy of the findings of this project.

There is potential risk to the participating, as all counselling carries a psychological risk. NZAC ethical principles will be adhered to including doing no harm in my professional work. If there is a conflict of interest between counselling work and research, then counselling will always be given priority. If you withdraw from the research, you are still able to access counselling from me or another counsellor.

If you have any questions about this research, please feel free to contact me for further information.

The project is being carried out under the supervision of Dr Shanee Barraclough who can be contacted at shanee.barraclough@canterbury.ac.nz. She will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Educational Research Human Ethics Committee, and participants should address any complaints to The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to participate in the study, you are asked to complete the consent form and bring it, along with the completed parent consent form, with you to your first appointment.

Please email me on xxx@xxxxxx.school.nz with COUNSELLING RESEARCH in the subject line to arrange your first appointment. Simply include your name and “appointment request” in the email. I will get back to you within 24hours with an appointment time.

Thank you for considering participating in this research.

Maryanne Skidmore

Researcher

School of Health Sciences
Telephone: +64 XXXXXXXXXX

Email: maryanne.skidmore@pg.canterbury.ac.nz

Meeting Expectations: First session experiences of adolescents in a secondary school setting.

Consent Form for Participants

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of me if I agree to take part in the research.
- ☐ I understand that participation is voluntary, and I may withdraw at any time without penalty. Withdrawal of participation will also include the withdrawal of any information I have provided should this remain practically achievable.
- ☐ I understand that any information or opinions I provide will be kept confidential to the researcher and maybe seen by her supervisor. If a transcriber is used, they too will be bound by a contract of confidentiality. Any published or reported results will not identify the participants or the school. I understand that a thesis is a public document and will be available through the UC Library.
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- ☐ I understand that this carries a psychological risk and that I may withdraw from the research and continue to access counselling.
- ☐ I understand that I can contact the researcher, Maryanne Skidmore, or supervisor Dr Shanee Barraclough (shanee.barraclough@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- ☐ I would like a summary of the results of the project. I have written my email address below for the report to be sent to.
- ☐ By signing below, I agree to participate in this research project.

Name:_____ Signed:_____ Date:_____

Email address *(for report of findings, if applicable)*:_____

Please bring this form and your parent consent form with you to your first appointment

Appendix D: Parental information and consent

School of Health Sciences
Telephone: +64 XXXXXXXXXX

Email: maryanne.skidmore@pg.canterbury.ac.nz

July 22, 2019
ERHEC Ref:2019/36/ERHEC

Meeting Expectations: First session experiences of adolescents in a secondary school setting.

Information Sheet for Parents

My name is Maryanne Skidmore and I am one of the school counsellors. I am also completing my Master of Counselling at the University of Canterbury. As part of the requirements of the Master's programme I am undertaking a research project that looks at my own counselling practice. I am interested in how adolescents experience their first counselling session, especially in relation to how they thought it would be.

Your son/ daughter has indicated an interest to take part in this study and attend an appointment to see a counsellor. I would like to invite them to participate in this study.

If they choose to take part in this study, their involvement in this project will be to:

- Obtain parental consent before the first appointment.
- Read and sign a consent form at the beginning of the counselling session.
- Take part in a regular first counselling session of no more than 50 minutes. This first session will be audio recorded. Any further counselling sessions will not be part of the study.
- Complete a Session Rating Scale (SRS) at the end of the session.
- Discuss the result of the SRS at the end of the session.
- Discussion about the consent, research questions at the start and finish of the session may take an additional 30 minutes.
- Be offered the opportunity to review the transcript of their session and make changes if necessary

Participation is voluntary, and you or they have the right to withdraw consent at any stage without penalty. They may ask for their raw data to be returned to them or destroyed at any point. If they withdraw, I will remove information relating to them. However, once analysis of raw data starts in August 2019, it will become increasingly difficult to remove the influence of their data on the results.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: their identity will not be made public. To ensure anonymity and confidentiality, a pseudonym will be used in place of their name and any identifying factors such as names of family or friends will also be changed in any presentation or publication of findings. Audio recordings may be used for supervision purposes however both my research supervisor, Dr Shanee Baraclough and Clinical supervisor, Bruce McNatty are bound by the code of Ethics of confidentiality.

If the recordings are transcribed by an outside party, they too must sign and adhere to a contract of confidentiality.

Any data will be password protected and stored in locked storage at my home for 5 years following the study. After that time, it will be destroyed. Data will be backed up on the UC server. A thesis is a public document and will be available through the UC Library. As a participant your son/daughter may receive a copy of the findings of this research.

There is potential risk to the participants, as all counselling carries a psychological risk. NZAC ethical principles will be adhered to including doing no harm in my professional work. If there is a conflict of interest between counselling work and research, then counselling will always be given priority. If a student withdraws from the research they are still able to access counselling from me or another counsellor.

If you have any questions about this research, please feel free to contact me for further information.

The project is being carried out under the supervision of Dr Shanee Barraclough who can be contacted at shanee.barraclough@canterbury.ac.nz. She will be pleased to discuss any concerns you may have about your son/ daughter's participation in the project.

This project has been reviewed and approved by the University of Canterbury Educational Research Human Ethics Committee, and participants should address any complaints to The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to have your son/daughter participate in the study, you are asked to complete the consent form and have them bring it to their first appointment.

Thank you for considering their participation in this research.

Maryanne Skidmore

Researcher

School of Health Sciences
Telephone: +64 XXXXXXXXXX

Email: maryanne.skidmore@pg.canterbury.ac.nz

Meeting Expectations: First session experiences of adolescents in a secondary school setting.

Consent Form for Parents

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of me and my son/daughter if I agree to take part in the research.
- ☐ I understand that participation is voluntary, and I may withdraw consent at any time without penalty. Withdrawal of participation will also include the withdrawal of any information my son/daughter has provided should this remain practically achievable.
- ☐ I understand that any information my son/ daughter provides will be kept confidential to the researcher and maybe seen by her supervisor. If a transcriber is used, they too will be bound by a contract of confidentiality. Any published or reported results will not identify the participants or the school. I understand that a thesis is a public document and will be available through the UC Library.
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years. Data will be backed up on the UC server.
- ☐ I understand that this carries a psychological risk and my son/daughter may withdraw from the research and continue to access counselling.
- ☐ I understand that I can contact the researcher, Maryanne Skidmore, or supervisor Dr Shanee Barraclough (shanee.barraclough@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- ☐ By signing below, I agree to my son/ daughter participating in this research project.

Name of student:

_____

Parent Name:_____Signed:_____Date:

_____

Please have your son/daughter bring this form with you to your first appointment

Appendix E: Interview question bank

Before the session started:

- Coming to counselling for the first time, what do you expect will happen in this session?

- Is there anything specifically that you would expect to happen as far the structure or how the session would be?

- Is there anything that you would imagine would happen?

Following the counselling session and the discussion of the SRS:

- Before you came to this session, what did you imagine would happen?

- Did you have an idea of what you would like to happen?

- Was there something that you hoped would happen but did not? Did it matter?

- Was there something you thought would happen but did not? Did it matter?

- How would the session be improved or made better?

- What would need to happen in order to make this session meet your expectations?

- What would need to happen in order to make this session meet your hopes?

- Is there something you would change?

- Is there something you would add or change so that you felt more comfortable in the session?

Appendix F: SRS form

Client Session Rating Scale-First session

First Name: _____Date:_____

How was our time together today? Please put a mark on the lines below to rate what best fits your experience.

LISTENING

(Was I listened to, heard and respected)


|----------|


HOW IMPORTANT

(What we talked about was important to me, it was what I wanted to talk about.)


|----------|


WHAT WE DID

(I did or did not like what we did today. The counsellor's approach is a good fit for me.)


|----------|


OVERALL

(I would like to do more of what we did today or something different)


|----------|


Adapted from Barry L. Duncan, Scott D.Miller, Jacqueline A.Sparks, Child Session Rating Scale (CSRS) 2003.

Research Question

This session met my expectations for a first counselling session.


|----------|